



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|---|--|--|--|---|--|
| DOCUMENT # P04000032696 1. Entity Name DMG GROUP INVESTMENT INC. | |  | | FILED 06 JUN 28 AM 8:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| Principal Place of Business 2619 SW 5 STREET MIAMI, FL 33135 | | Mailing Address 2619 SW 5 STREET MIAMI, FL 33135 | | 06202006 Chg-P CR2E034 (11/05) | |
| 2. Principal Place of Business 2435 SW 115 ave Suite, Apt. #, etc. | | 3. Mailing Address 2435 SW 115 ave Suite, Apt. #, etc. | | | |
| City & State Miami FL Zip Country 33165 US | | City & State Miami FL Zip Country 33165 US | | | |
| 4. FEI Number APPLIED FOR | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOMEZ DE ROSAS, DANIEL 2619 SW 5 STREET MIAMI, FL 33135 | | 7. Name and Address of New Registered Agent Name Daniel Gomez De Rosas Street Address (P.O. Box Number is Not Acceptable) 2435 SW 115 ave City Miami FL Zip Code 33165 | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Daniel Gomez De Rosas</i></u> DATE: <u>6/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 10. OFFICERS AND DIRECTORS | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | P GOMEZ DE ROSAS, DANIEL 2619 SW 5 STREET MIAMI, FL 33135 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | P/D Daniel Gomez De Rosas 2435 SW 115 ave Miami FL 33165 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | P/S Jose Morejon 1025 SW 139 ave Miami, FL 33194 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | P/T Roberto Lorenzo 5123 SW 115 ave Miami, FL 33134 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 400077160834 07/07/06--01051--012 **70.00 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | JC 6/30 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| SIGNATURE: <u><i>Daniel Gomez De Rosas</i></u> Date: <u>6/19/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small> | | | | | |