

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035215

Entity Name: DMD FOOD SERVICES, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 800546
AVENTURA, FL 33280

New Principal Place of Business:

636 N FEDERAL HWY
FORT LAUDERDALE, FL 33304

Current Mailing Address:

P.O. BOX 800546
AVENTURA, FL 33280

New Mailing Address:

636 N FEDERAL HWY
FORT LAUDERDALE, FL 33304

FEI Number: 20-1682962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONATO, DINO
21248 HARBOR WAY
#241
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DONATO, DINO
636 N FEDERAL HWY
FORT LAUDERDALE, FL 33304 US

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.

SIGNATURE:

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DONATO, DINO
Address: 21248 HARBOR WAY #241
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DONATO, DINO
Address: 636 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DINO DONATO

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date