

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000027594

1. Entity Name
DKMD ENTERPRISES, INC.



**FILED
May 02, 2003 8:00 am
Secretary of State**

05-02-2003 90128 042 ***150.00

Principal Place of Business 13833-E4 SUITE 125 WELLINGTON, FL 33414 US	Mailing Address 13833-E4 SUITE 125 WELLINGTON, FL 33414 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0404335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALPER, DEAN R 15200 CARTER RD STE B-7 DELRAY BEACH, FL 33494	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature expires when verifying) DATE _____

FILED NOWHERE FEE IS \$150.00 REMITTING \$150.00 FEE WILL GET \$50.00 REFUND CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZP	D MANFREDI, KATHLEEN 13833-E4 WELLINGTON TRACE, STE. 125 WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	D MARC, MANFREDI 13833-E4 WELLINGTON TRACE, STE. 125 WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 title empowered.

SIGNATURE: Kathleen Manfredi 4/28/03 561-791-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)