


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000038280 1. Entity Name I.D.M. GROUP CORP.	
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Principal Place of Business 7431 S.W. 23RD ST. MIAMI, FL 33155	Mailing Address 7431 S.W. 23RD ST. MIAMI, FL 33155
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0732578	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LOPEZ, ARNALDO 7431 S.W. 23RD ST. MIAMI, FL 33155
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, ARNALDO A 7431 S.W. 23RD ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONCEPCION, MARLINE M 10355 S.W. 40TH ST. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MESA, IVONNE C 240 N.W. 218 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMUDEZ, DIANA B 7700 S.W. 127TH COURT PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ADA 7431 S.W. 23 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000007480  
01/20/04-80018-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/20/04 775-778-2102 <small>Day Daytime Phone #</small>
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