

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90009 002 ***150.00

DOCUMENT # P96000038280

1. Entity Name
I.D.M. GROUP CORP.



Principal Place of Business

7431 S.W. 23RD ST.
MIAMI, FL 33155

Mailing Address

9800 SW 54 ST
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE



06202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0732578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ARNALDO
9800 SW 54 ST
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPEZ, ARNALDO A
STREET ADDRESS 7431 S.W. 23RD ST.
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD
NAME CONCEPCION, MARLINE M
STREET ADDRESS 10355 S.W. 40TH ST.
CITY-ST-ZIP MIAMI, FL 33165

TITLE TD
NAME MESA, IVONNE C
STREET ADDRESS 240 N.W. 218 WAY
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D
NAME BERMUDEZ, DIANA B
STREET ADDRESS 7700 S.W. 127TH COURT
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE ~~D~~
NAME ~~LOPEZ, ADA~~
STREET ADDRESS ~~7431 S.W. 23 ST.~~
CITY-ST-ZIP ~~MIAMI, FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 305-728-2102
Date Daytime Phone