

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**



04072008 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

**DO NOT WRITE IN THIS SPACE**

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000892513  
04/23/08-80069-021 150.00

**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

4/7/08 305-778-2142  
Daytime Phone #