


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000102523

1. Entity Name
NDM & ASSOCIATES, INC.



Principal Place of Business 16200 NW 59TH AVENUE SUITE 105 MIAMI LAKES, FL 33014 US	Mailing Address 11651 S.W. 9 COURT PEMBROKE PINES, FL 33025 US
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05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0722907	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMENTEROS, IBRAHIM JR.
 11651 SW 9TH COURT
 PEMBROKE PINES, FL 33025**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUGLER, MARILYN P.O. BOX # 821692 SOUTH FLORIDA, FL 33082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMENTEROS, IBRAHIM 11651 S.W. 9 COURT PEMBROKE PINES, FL 33025
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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: *Ibrahim Armenteros* **5-1-2006 3055570222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #