

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90048 021 \*\*\*158.75

**DOCUMENT # P98000002153**

1. Entity Name  
**GRUPO DMD CORP.**



Principal Place of Business Mailing Address  
400 SW 107 AVENUE SUITE 304 MIAMI, FL 33174 US  
**7727 SW 86 ST A1-205 MIAMI FL 33143**

**7727 SW 86 ST A1-205 MIAMI FL 33143**



**DO NOT WRITE IN THIS SPACE**

01292004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0807516** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

GARCIA, RICARDO  
400 SW 107 AVENUE  
SUITE 304  
MIAMI, FL 33174

**7727 SW 86 ST A1-205 MIAMI FL 33143**

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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

**01/10/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 GARCIA, RICARDO  
STREET ADDRESS 400 SW 107 AVENUE SUITE 304  
CITY-ST-ZIP MIAMI FL 33174

**7727 SW 86 ST A1-205 MIAMI FL 33143**

TITLE STD  
NAME WEST, JOHN A  
STREET ADDRESS 400 SW 107 AVENUE SUITE 304  
CITY-ST-ZIP MIAMI FL 33174

**7727 SW 86 ST MIAMI FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John West**

Date

**01/10/04**

Daytime Phone #

**(305) 596 5851**