

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002153

FILED
Jul 01, 2005
Secretary of State

Entity Name: GRUPO DMD CORP.

Current Principal Place of Business:

7727 SW 86 ST.
A1-205
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7727 SW 86 ST.
A1-205
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-0807516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, RICARDO
7727 SW 86 ST.
A1-205
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, RICARDO
Address: 7727 SW 86 ST. A1-205
City-St-Zip: MIAMI, FL 33143

Title: STD () Delete
Name: WEST, JOHN A
Address: 7727 SW 86 ST. A1-205
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WEST

STD

07/01/2005

Electronic Signature of Signing Officer or Director

_____ Date