2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047446

JEREZ, ALEJANDRO

MIAMI, FL 33156

9090 SOUTH DADELAND BLVD.

Name:

Address:

City-St-Zip:

Entity Name: MDM HOSPITALITY GROUP, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9090 SOUTH DADELAND BLVD SUITE 210 MIAMI, FL 33156 **New Mailing Address: Current Mailing Address:** 9090 SOUTH DADELAND BLVD SUITE 210 MIAMI, FL 33156 FEI Number: 65-0934223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, EDUARDO CPA 9090 S. DADELAND BLVD SUITE 210 MIAMI, FL 33156 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PULENTA, LUIS Name: Name: 9090 SOUTH DADELAND BLVD Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: () Delete Title: VD Title: () Change () Addition Name: GLAS, RICARDO Name: 9090 SOUTH DADELAND BLVD Address: Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GARCIA, EDUARDO Name: Name: 9090 S. DADELAND BLVD Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO GLAS VD 04/19/2006