2003 FOR PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000103399 DOCUMENT # 1. Entity Name 04-21-2003 91179 002 ***150.00 D.M.D. DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 9260 SUNSET DRIVE 9260 SUNSET DRIVE **SUITE 119** SUITE 119 **MIAMI FL 33173 MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 102 Applied For City & State City & State 4. FEI Number 65-0891416 MAMIM FLORIDA Not Applicable Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEGAL SERVICE CORPORATION OF MIAMI ■ox Number is Not 9260 SUNSET DRIVE **SUITE 119 MIAMI FL 33173** City 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 GEORGE. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE □ Delete ALFJANDRINA DIAZ. ALEHANDRINA NAME NAME SUNKET DRIVE, SUITE 102 9260 SUNSET DRIVE SUITE 119 STREET ADDRESS STREET ADDRESS MIAMI, FLORIDA MIAMI FL 33173 CITY-ST-7/P CITY-ST-ZIP □ Addition □ Delete TITLE Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Addition

CR2E034 (10/02)