


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S06405</b> 1. Entity Name WHITE SANDS DMG, INC.	
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Principal Place of Business 1798 NE 163RD ST N MIAMI BEACH, FL 33162	Mailing Address 1798 NE 163RD ST N MIAMI BEACH, FL 33162
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**DO NOT WRITE IN THIS SPACE**

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0223316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

MAXFIELD, ROGER A  
1798 NE 163RD ST  
NORTH MIAMI BEACH, FL 33162

**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 Marisol Maxfield DATE 3/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MAXFIELD, ROGER A 1798 NE 163RD ST N MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPS MAXFIELD, MARISOL 1798 N E 163RD STREET N MIAMI BEACH, FL 33162
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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04/15/05-B0020-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Marisol Maxfield DATE 3/28/05 305-947-7731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR