2004 FOR PROFIT CORPORATION REINSTATEMENT

	REINST	ATEMENT			FILED
DOCUMENT # V46718					
1. Entity Name D.M. PRODUCTION INC.				04 NOV -3 PH 2: 26	
				WE IS	SECRETARY OF STATE TALLAHASSTE, FLORIDA
Principal Place of Business Mailing Address				TALLAMASSICIA	
6508 N.W. 186TH STREET 6508 N.W. 186TH STREET MIAMI, FL 33015 MIAMI, FL 33015					
Principal Place of Business 3. Mailing Address					
					1 1883 1986 1976 1977 1986 1986 1987 1987 1987 1987 1987 1987 1987 1987 1987
Suite, Apt. #, etc. Suite, Apt. #, etc.				R	120200 GENERAL CR25098 (6/04) 04
City & State		City & State		4 11	Applied For 65-0349778
Zip	Zip Country Z		Country		S. Certificate of Status Desired
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
MARTINEZ, DANIEL 6508 N.W. 186TH STREET				(P.O. Box Number is Not Acceptable)	
MIAMI, FL 33015					
				City	FL Zip Code
 The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. 				ed office or registe	-
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	LE NOW!!! FEE IS \$150.00 nuary 1, 2005, Fee will be \$300.0	00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	VD GONZALEZ, GUSTAVO	☐ Delete	TITLE		Change C Addition
STREET ADDRESS CITY-ST-ZIP	6508 N.W. 186TH STREET MIAMI, FL 33015		STRE	ET ADDRESS - ST- ZIP	300042435123 11/03/0401025015 **150.00
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	*MARTINEZ, DANIEL 6508 N.W. 186TH STREET			ET ADDRESS	
CITY-ST-ZIP TITLE	MIAMI, FL 33015	□ Delete	CITY	- ST- ZIP	☐ Change ☐ Addition
NAME		L) Delete	NAM	E	Charge Auditor
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-2IP	
TITLE N AME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -SI-ZIP	
TITLE		☐ Delete	TITLE		. □ Change □ Addition
NAME STREET ADDRESS			NAMI STRE	E ET ADDRESS	
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP	Change Addition
NAME		□ Delete	NAM	E .	Change C Aubilion
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP	
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 refort 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 trusted 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 additional properties of the corporation of the corporation or the receiver or trusted empowered.					
Just Mind do					
SIGNATURE: SIGNATURE Date Date Date Date Daytime Phone #					

October 28, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

DOC. # V46718

Re: D.M. PRODUCTION INC.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filling year According to your letter we never received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT