

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026877

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: DGMC, LLC

**Current Principal Place of Business:**

1580 SAWGRASS CORPORATE PARKWAY, SUITE 130  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1580 SAWGRASS CORPORATE PARKWAY, SUITE 130  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 06-1702171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLOBAL HUMAN CAPITAL SOLUTIONS, INC.  
1580 SAWGRASS CORPORATE PARKWAY, SUITE 130  
SUNRISE, FL 33323

**Name and Address of New Registered Agent:**

CAVALLERO, CONSUELO D  
11260 NW 58 TERR  
MIAMI, FL 33178

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: CONSUELO CAVALLERO

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CARLENAS, RICARDO  
Address: 1250 PLACID CT  
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete  
Name: VAZQUEZ, RICARDO  
Address: 1871 SILVERBELL TERRACE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CARDENAS, RICARDO  
Address: 1250 PLACID CT  
City-St-Zip: WESTON, FL 33327

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICARDO VAZQUEZ

MGR

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date