


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90290 009 \*\*\*158.75

<b>DOCUMENT # 509848</b> 1. Entity Name D M E CORPORATION	
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Principal Place of Business 6830 N.W. 16TH TERRACE FT. LAUDERDALE, FL 33309	Mailing Address 6830 N.W. 16TH TERRACE FT. LAUDERDALE, FL 33309
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1684144	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

BAMMAN, FRED C., III  
2189 S.E. 9TH STREET  
POMPANO BEACH, FL 33062

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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	VP PRICE, BRAIN 3079 CORAL VINE LANE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLA, ANA M 2509 CASTILLA ISLE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RODRIGUEZ, RAMON A 7461 N W 6TH CT PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOLA, LUIS RAMON 2509 CASTILLA ISLE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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

SIGNATURE:  **3/1/2005** **9549752232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #