

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 509848**

1. Entity Name  
**D M E CORPORATION**



Principal Place of Business  
**6830 N.W. 16TH TERRACE  
FT. LAUDERDALE, FL 33309**

Mailing Address  
**6830 N.W. 16TH TERRACE  
FT. LAUDERDALE, FL 33309**



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**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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03/27/07-80001-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Ana Mola* **ANA MOLA** *03/05/2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #