


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000035017 1. Entity Name DME COMPUTER TECHNOLOGIES, INC.	
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Principal Place of Business 8235 NORTHWEST 56TH STREET MIAMI, FL 33166	Mailing Address 8235 NORTHWEST 56TH STREET MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

	
02192004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1089884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADCOCK, DAVID E 8235 NORTHWEST 56TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOREMAN, MICHAEL SR 8235 NORTHWEST 56TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODEN, ERIC 8235 NORTHWEST 56TH STREET MIAMI, FL 33166
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U00000063050 02/23/04-80146-004 150.00
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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: ERIC RODEN 2-19-04 305-717-6705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #