


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

04-20-2005 90337 018 ***150.00

DOCUMENT # P01000064939	
1. Entity Name MY DME, INC.	

Principal Place of Business 1800 W. 49TH STREET SUITE 324E HIALEAH, FL 33012	Mailing Address 1800 W. 49TH STREET SUITE 324E HIALEAH, FL 33012
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66024750



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07142005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-1117735	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GARCIA, SARA 1800 W. 49TH STREET SUITE 324E HIALEAH, FL 33012	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Sara Garcia</i> <i>Sara Garcia</i> 7/18/05 (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete GARCIA, SARA 11117 W OKEECHOBEE RD SUITE 123 HIALEAH GARDENS, FL 33018	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Registered Agent. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sara Garcia 1800 W. 49TH STREET, SUITE 324E HIALEAH FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Registered Agent <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judith Rodriguez 1800 W 49TH STREET SUITE 324E HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowe	
SIGNATURE: <i>Sara Garcia</i> 4/15/05. (305) 649-7128	Signature and typed or printed name of signing officer or director.

ATTACHMENT

66024750

1		MY DME, INC. 1800 W 49 STREET SUITE 324-E HIALEAH, FL 33012		Document # 6100006493480	
PAY TO THE ORDER OF		Florida Department of State		DATE	4/14/05
one hundred and fifty				\$	150.00
		DOLLARS		63-8413-2670	
FOR		Annual Report 2005		Signature	
Washington Mutual		Washington Mutual Bank, FA Hialeah West Financial Center 1781 3349 W. 80th Street Hialeah, FL 33018 1-800-788-7000 24 Hour Customer Service			
00000580		267084131		443478345	

ATTACHMENT
66024750

Main Identity

From: "corphelp" <corphelp@dos.state.fl.us>
To: <erodriguez@graccountant.com>
Sent: 07/13/2005 8:35 AM
Subject: RE: MY DME, INC

Below is a copy of the letter mailed to this corporation.

April 30, 2005

MY DME, INC.

1800 W. 49TH STREET

SUITE 324E

HIALEAH, FL 33012

SUBJECT: MY DME, INC.

Ref. Number: P01000064939

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE,

07/14/05

ATTACHMENT

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FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER

If you have additional questions or need further assistance,
please call the Division of Corporations at (850) 245-6056 and
press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION - Letter number: 305A00031291

/vrh

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

Shawn
Internet Access

-----Original Message-----

From: erodriguez@graccountant.com [mailto:erodriguez@graccountant.com]
Sent: Tuesday, July 12, 2005 5:58 PM
To: corphep@dos.state.fl.us
Cc: RODRIGUEZ8199@BELLSOUTH.NET
Subject: MY DME, INC

HI, MY NAME IS ELIZABETH RODRIGUEZ.
AS ACCOUNTANT OF MY DME, INC
I WOULD LIKE TO REMEMBER TO YOU,
I SENT THE ANNUAL REPORT 2005, IN APRIL 15/2005
WHIT THE CHECK NUMBER 580 FOR THE AMOUNT OF \$ 150.00 DOLLARS , SO THE
REASON
IS THAT I DIDN'T SAW ANY CHANGE IN THE ANNUAL REPORT.
I WOULD LIKE TO NOW WHAT HAPPEN.
IF YOU HAVE ANY QUESTION PLEASE CALL ME.

THANK YOU IN ADVANCE.

Elizabeth Rodriguez

07/14/05