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ALLAHASSEE, FLORIDA

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Officer Resignation

T BROWN OCT - 7 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DME FX CROUP TINC (Name of Corporation)
DOCUMENT NUMBER: PO4000 53207
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ARMONDO SANCHEZ (Name of Person)
DME Express GROUPING. (Name of Firm/Company)
7105 SW 8 57WT (Address)
Mari Ft 33144 (City/State and Zip Code)
For further information concerning this matter, please call:
ARNON SONCHEZ at (305) 300-0965 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ARMANDOS	SANCHEZ	, hereby resign as_	President (Title)	<u>, </u>
of DME	EXPUSS (Name of Corporati	Group,	Inc.	,
POA0000 5 (Document Number, i	3207, a corpo	ration organized und	er the laws of the Sta	te of
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	(Signature of	resigning officer/director	esident	SO SAIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314