

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000090593		
1. Entity Name CYM DME INC.		

Principal Place of Business 175 FOUNTAIN BLEAU BLVD. STE #1N2 MIAMI, FL 33172	Mailing Address 175 FOUNTAIN BLEAU BLVD. STE #1N2 MIAMI, FL 33172
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent RODRIGUEZ, MARLOND 12500 NW S ST MIAMI, FL 33182	7. Name and Address of New Registered Agent Name <i>MARLOND RODRIGUEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>12500 NW 2 st</i> City <i>MIAMI</i> FL <i>33182</i>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MARLOND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P MARLOND RODRIGUEZ</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12500 NW 2 st</i> <i>MIAMI FL 33182.</i>
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
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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 empowered.

SIGNATURE: *M Rodriguez* *04/19/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *04/19/05* Daytime Phone #

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90226 021 ***150.00



04062005 Chg-P CR2E034 (10/03)