2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028909

1. Entity Name
DEMERITTE CORPORATE SERVICES, INC.

FILED
04 APR 28 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6151 MIRAMAR PKWY MIRAMAR, FL 33023	6151 MIRAMAR PKWY MIRAMAR, FL 33023

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6151 Miramar Parkway Suite/Apt. #, etc. 125	6151 Miramar Parkway Suite/Apt. #, etc. 125
City & State: Miramar, FL	City & State: Miramar FL
Zip: 33023 Country:	Zip: 33023 Country:

4. FEI Number: 571154485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILLIMAN, PHILBERT 3551 NW 95 TER #303 SUNRISE, FL 33351	Name: Jennifer Demeritte Street Address (P.O. Box Number is Not Acceptable): 6151 Miramar, Parkway Suite 125 City: Miramar FL Zip Code: 33023

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] 04-27-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GEERARE, JENNIFER A 881 SW 191 AVE PEMBROKE PINES, FL 33029	☐ Delete	DP Jennifer Demeritte 6151 Miramar Parkway, Suite 125 Miramar, FL 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600035822146 05/10/04--01079--010 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 04-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #