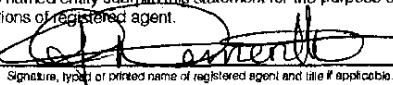
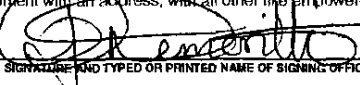


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028909			
1. Entity Name DEMERITTE CORPORATE SERVICES, INC.			
Principal Place of Business 6151 MIRAMAR PKWY MIRAMAR, FL 33023		Mailing Address 6151 MIRAMAR PKWY MIRAMAR, FL 33023	
2. Principal Place of Business 6151 Miramar Parkway Suite/Apt. #, etc. 125 City & State Miramar, FL Zip 33023		3. Mailing Address 6151 Miramar Parkway Suite/Apt. #, etc. 125 City & State Miramar, FL Zip 33023	
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 HILLIMAN, PHILBERT 3551 NW 95 TER #303 SUNRISE, FL 33351		7. Name and Address of New Registered Agent 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  DATE 04-27-04 (NOTE: Registered Agent signature required when reinstating)			
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 861 SW 191 AVE PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jennifer Demeritte 6151 Miramar Parkway, Suite 125 Miramar, FL 33023 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600035822146 05/10/04--01079--010 ***150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		04-27-04 Date Daytime Phone #	

FILED

04 APR 28 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04262004 Chg-P CR2E034 (10/03)