2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V33563

1. Entity Name
DEMAND ASSISTANCE KORP., INC.

FILED
04 JUN 10 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~5595 SW 80TH ST~~ 676 NW 34TH ST. ~~#A UNIT~~ ~~SOUTH MIAMI, FL 33143~~ MIAMI, FL. 33127	~~5595 SW 80TH ST~~ 676 NW 34TH ST. ~~#A UNIT~~ ~~SOUTH MIAMI, FL 33143~~ MIAMI, FL 33127

06042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0330686
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SIBLEY, CHARLES J.~~ ROBERT P. MIDDLEBROOK
~~1925 BRICKELL AVE~~ 5595 SW 80TH ST A
~~SUITE D207~~
~~MIAMI, FL 33129~~ MIAMI, FL. 33143

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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 ROBERT P. MIDDLEBROOK 6/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIDDLEBROOK, ROBERT P.
STREET ADDRESS	5595 SW 80TH ST A
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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06/29/04--01062--010 **150.00

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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: 6/9/04 305-710-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #