

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000010685

**Entity Name:** NERIME DEMREN, P.A.

**Current Principal Place of Business:**

2870 PINE TREE DR  
APT 5  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

2870 PINE TREE DR  
APT 5  
MIAMI BEACH, FL 33140 US

**FEI Number:** 05-0554217

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEMREN, NERIME  
2870 PINE TREE DR  
APT 5  
MIAMI BEACH, FL 33140 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name DEMREN, NERIME  
Address 2870 PINE TREE DR  
APT 5  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NERIME DEMREN

PSTD

03/14/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date