2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUN 1. Entity Name	MENT # F62377	, #				Feb 23, 2004 08:00 AM Secretary of State	
G. DESMA	AR, INC.					l 	•
Principal Place 4469 SANDE BOYNTON B		Mailing Address 4469 SANDERLING E. BOYNTON BEACH FL 33436			200		1 JERNYSE JIIN BIINE IJANG IIIII INDII IEST SUSU BIRII SIIRII BIRII BIRII BIRII BIRII BIRII III
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt	#, etc	Suite, Apt. #, etc.					MOORE CR2E034 (11/03)
City & State		City & State				4. F	FEI Number 98-0056938 Applied For Not Applicable
Zıp	Country	Zip		Coun	try	l	Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name					Name	_7. N	Name and Address of New Registered Agent
4469	MARAIS, GERARD SANDERLING E. NTON BEACH FL 33436				Street Address (P.O. B	3ox Number is Not Acceptable)
-					City		FL Zip Code
	named entity submits this statement for ons of registered agent.	r the purpos	se of changing its	egister	ed office or register	ed ag	ent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE _	Signature, typed or printed name of registered agont a	and title if applica	able (NOTE	Registere	d Agent signature required	when ro	onslating) DATE
After	LE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department of	State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		3	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	DESMARAIS, GERARD 6000 DEACON RD., APT. 3A				E E LET ADDRESS - S1- ZIP		☐ Change ☐ Addition U00000062885 02/23/04-80139-018 158.75
NAME Street address	S DESMARAIS, DENISE 6000 DEACON RD., APT. 3A MONTREAL, QUEBEC CANADA H3S -2T9						☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	-	☐ Change ☐ Addition
indicated of the core	an this concer as a unplantable concert in	s true and ac owered to ex	ccurate and that m xecute this report :	ni eigag	turo chall have the	eama	119.07(3)(i), Florida Statutes, I further certily that the information legal effect as if made under oath, that I am an officer or director rida Statutes, and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Prior a P							

FILED