


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F62377</b> 1. Entity Name G. DESMAR, INC.	
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Principal Place of Business 4469 SANDERLING E. BOYNTON BEACH, FL 33436	Mailing Address 4469 SANDERLING E. BOYNTON BEACH, FL 33436
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01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 98-0056938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DESMARAIS, GERARD 4469 SANDERLING E. BOYNTON BEACH, FL 33436
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN0000190337 01/24/05-80132-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESMARAIS, GERARD 6000 DEACON RD., APT. 3A MONTREAL, QUEBEC CANADA, H3S 2T9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DESMARAIS, DENISE 6000 DEACON RD., APT. 3A MONTREAL, QUEBEC CANADA, H3S 2T9
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IN THIS SPACE**

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:** *Gerard Desmarais* **GERARD DESMARAIS** 01-19-05 561-740-9723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #