

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L07200

1. Entity Name

DEMIRI CORPORATION



**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

Principal Place of Business

5642 SW 25 CT  
HOLLYWOOD FL 33023  
US

Mailing Address

1300 S.W. 73RD AVE  
PLANTATION FL 33317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **65-0161675**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAVARES, HENRIQUE JR.  
1300 S.W. 73RD AVE  
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 date (if applicable).

(NOTE: Registered Agent's signature required when registering.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME D  
STREET ADDRESS TAVARES, HENRIQUE JR  
CITY- ST- ZIP 1300 S.W. 73RD AVE  
PLANTATION FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000801139  
02/01/08-80006-011 150.00

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS TAVARES, ANGELA  
CITY- ST- ZIP 1300 SW 73 AVE  
PLANTATION FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Henrique Tavares Jr. Henrique Tavares Jr. 1-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #