

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jun 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000046907

1. Entity Name
DEMO INDUSTRIES, INC.



Principal Place of Business
**604 N.E. 2ND ST.
STE. 326
DANIA FL 33004
US**

Mailing Address
**P.O. BOX 22652
FT. LAUDERDALE FL 33335
US**



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

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
SAME AS ABOVE

City & State
SAME AS ABOVE

Zip
SAME AS ABOVE

Country
SAME AS ABOVE

2nd MOORE CR2E034 (4/07)

4. FEI Number **65-1010045**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSA, DALE J
604 N.E. 2ND ST.
STE. 326
DANIA FL 33004**

7. Name and Address of New Registered Agent

Name
SAME

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

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 **Dale J. Rossa** DATE **6-16-07**

Signature, report or printed name of registered agent, and filing is applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES ROSSA, DALE J PRES. 604 N.E. 2ND ST. DANIA FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000766549 06/22/07-80002-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 Chapter 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 another like empowered.

SIGNATURE: **Dale J. Rossa** DATE **6-16-07** DAYTIME PHONE # **954-927-4755**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR