## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: >

## Feb 20, 2004 08:00 AM DOCUMENT # P00000050931 Secretary of State 1. Entity Name DERMA ROLLERS, INC. Principal Place of Business Mailing Address 6565 44 ST UNIT 1007 6565 44 ST **UNIT 1007** PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3647306 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 Zio 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 title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TIBLE Delete THILE ☐ Change Addition DIMITRIOU, PAUL C NAME MARKE U00000058797 6565 44 STREET STREET ADDRESS STREET ADDRESS 02/20/04-80055-004 150.00 CITY-ST-ZIP PINELLAS PARK FL 33781 CITY+ST-7/P TITLE ☐ Defete HITE ☐ Change Addition DIMITRIOU, OLGA NAME NAME 6565 44 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition MAINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP BULF ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY ST 702 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Paul Dimitrion

105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Daytime Phone #

**FILED**