

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91252 027 \*\*\*150.00

**DOCUMENT # P01000023416**

**1. Entity Name**  
**DEMARCAION VIAL TURUMO, INC.**



**Principal Place of Business**  
7301 SW 97 AVE.  
MIAMI, FL 33173

**Mailing Address**  
3501 SW 107 AVE.  
MIAMI, FL 33165

**94083574**



**2. Principal Place of Business**  
15811 SW 69 ST / Miami, FL 33173

**3. Mailing Address**  
Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

**City & State**  
Miami FL  
**Zip**  
33193

**City & State**

**4. FEI Number**  
65-1084403

☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIAZ, NELSON I**  
3501 SW 107 AVE.  
MIAMI, FL 33165

**7. Name and Address of New Registered Agent**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	FORLINI, CARLOS D	
<b>STREET ADDRESS</b>	16131 SW 104 TERR	
<b>CITY-ST-ZIP</b>	MIAMI, FL 33146	
<b>TITLE</b>	V	<input type="checkbox"/> Delete
<b>NAME</b>	FORLINI, MARIO	
<b>STREET ADDRESS</b>	131 SW 104 TERR.	
<b>CITY-ST-ZIP</b>	MIAMI, FL 32136	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FORLINI, MARIA	
<b>STREET ADDRESS</b>	15811 SW 69 STREET	
<b>CITY-ST-ZIP</b>	Miami, FL 33193	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Carlos Forlini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-04 305-386-1528  
Date Daytime Phone #