

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110863

FILED
Apr 28, 2004
Secretary of State

Entity Name: DEMAS INVESTMENT CORP.

Current Principal Place of Business:

877 MARINA DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

877 MARINA DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1156882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVERRI, ALEJANDRO
877 MARINA DRIVE
WESTON, FL 33327

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ECHEVERRI, MARGARITA
Address: 9050 PINES BLVD. SUITE 450-F
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPSD () Delete
Name: GONZALEZ, DON
Address: 9050 PINES BLVD. SUITE 450-F
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: GONZALEZ, DON
Address: 1820 N CORPORATE LAKES BLVD. #201
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA ECHEVERRI

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date