FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90135 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112659

1. Entity Name
DEMES INTERNATIONAL, INC.

11029749

Principal Place of Business	Mailing Address
7920 NW 66 STREET MIAMI, FL 33166	7920 NW 66 STREET MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
1804 A SW 31 AVE	1804 A SW 31 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PARK, FL	City & State: PEMBROKE, PARK, FL
Zip: 33009 Country	Zip: 33009 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1153504 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOTERO, JOSE CARLOS
7914 NW 66 ST
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: BOTERO, JOSE CARLOS
Street Address (P.O. Box Number is Not Acceptable): 1804 A SW 31 AVE
City: PEMBROKE PARK FL Zip Code 33009

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] JOSE BOTERO, PD 04/28/03
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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOTERO, JOSE CARLOS 7914 NW 66 ST MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, GASTON 7920 NW 66 STREET MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 04/28/03 954 349 2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #