

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90277 032 ***150.00

DOCUMENT # P02000058715					
1. Entity Name DEMAR IMPORT/EXPORT INC.					
Principal Place of Business 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146		
2. Principal Place of Business 848 Brickell Avenue Suite, Apt. #, etc. # 702		3. Mailing Address 848 Brickell Ave Suite, Apt. #, etc. # 702			
City & State Miami-FL		City & State Miami-FL		04072004 Chg-P CR2E034 (10/03)	
Zip 33131		Country U.S.A		4. FEI Number 01-0708569	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARED & ASSOCIATES, P.A. 1500 SAN REMO AVENUE SUITE 177 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name: <u>Martinez Enrique A</u> Street Address (P.O. Box Number Is Not Acceptable): <u>848 Brickell Avenue #702</u> City: <u>Miami</u> FL Zip Code: <u>33131</u>		
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: <u>[Signature]</u> DATE: <u>4-8-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MARTINEZ, ENRIQUE A 848 BRICKELL AVENUE #702 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CAPUA, MARCELA A 848 BRICKELL AVENUE #702 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>[Signature]</u> Date: <u>4-8-04</u> Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

94054410