

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 045 ***150.00

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1. Entity Name
DESME INVESTMENT GROUP, INC.



Principal Place of Business

2319 NW 20 STREET
MIAMI, FL 33142

Mailing Address

2319 NW 20 STREET
MIAMI, FL 33142

40003977



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2184681

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DESME, PERCY
2319 NW 20 STREET
MIAMI, FL 33142

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IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DESME, PERCY
STREET ADDRESS	15400 SW 99 LANE
CITY-STATE-ZIP	MIAMI, FL 33142
TITLE	VPD
NAME	DESME, HUGO
STREET ADDRESS	15894 KILMARNOCK DRIVE
CITY-STATE-ZIP	MIAMI LAKES, FL 33014
TITLE	SD
NAME	DESME, JORGE
STREET ADDRESS	13101 SE 85 STREET
CITY-STATE-ZIP	MIAMI, FL 33183
TITLE	TD
NAME	DESME, CARLOS
STREET ADDRESS	3667 SOUTH MIAMI AVENUE APT. 144
CITY-STATE-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #