## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000034642

Entity Name: DEMOS AND MORE, INC.

FILED Jul 15, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7933 NW 198 ST. 7933 NW 198 ST

MAIMI GARDENS, FL 33015 MIAMI GARDENS, FL 33015

**Current Mailing Address: New Mailing Address:** 

7933 NW 198 ST 7933 NW 198 ST

MAIMI GARDENS, FL 33015 MIAMI GARDENS, FL 33015

FEI Number: 68-0551478 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, MAYDA DIAZ, MAYDA 7933 NW 198 ST 7933 NW 198 ST

MIAMI GARDENS, FL 33015 MAIMI GARDENS, FL 33015 US US

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: 07/15/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

PD

Title:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DIAZ, MAYDA Name: Name: DIAZ, MAYDA 7933 NW 198 ST. 7933 NW 198 ST. Address: Address:

City-St-Zip: MAIMI GARDENS, FL 33015 City-St-Zip: MIAMI GARDENS, FL 33015

Title: VD Title: VD (X) Change ( ) Addition () Delete

DIAZ, GILBERTO J Name: Name: DIAZ, GILBERTO J 7933 NW 198 ST. Address: 7933 NW 198 ST. Address:

MAIMI GARDENS, FL 33015 MIAMI GARDENS, FL 33015 City-St-Zip: City-St-Zip:

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: MAYDA DIAZ PD 07/15/2004