2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90034 018 ***150.00

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04012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000042991

1. Entity Name
DARMAX PROPERTIES INC.

Principal Place of Business	Mailing Address
4389 ROCK ISLAND RD. LAUDERHILL, FL 33319	4389 ROCK ISLAND RD. LAUDERHILL, FL 33319

2. Principal Place of Business	3. Mailing Address
5020 NW 41ST ST	5020 NW 41ST ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERDALE LAKES FL	City & State: LAUDERDALE LAKES FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLE-WILLIAM, YVONNE
4389 ROCK ISLAND RD.
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

Name: JOSEPH TAYLOR
Street Address (P.O. Box Number is Not Acceptable): 5020 NW 41ST ST
City: LAUDERDALE LAKES FL Zip Code: 33319

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] – JOSEPH TAYLOR 4/5/04
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, 2004 Fee will be $550.00

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	☐ Delete	TITLE: P.S.T. NAME: JOSEPH TAYLOR STREET ADDRESS: 5020 NW 41ST ST. CITY-ST-ZIP: LAUDERDALE LAKES, FL 33319	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] – JOSEPH TAYLOR 4/5/04 (954-727-2998)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #