2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042991

COOMBS, SIMONE

3417 GARDEN LANE

MIRAMAR, FL 33023

Name:

Address: City-St-Zip:

Entity Name: DARMAX PROPERTIES INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6051 W COMMERCIAL BLVD TAMARAC, FL 33319 **Current Mailing Address: New Mailing Address:** 6051 W COMMERCIAL BLVD TAMARAC, FL 33319 FEI Number: 87-0693508 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: PEDRO, DARNELL 6051 W COMMERCIAL BLVD TAMARAC, FL 33319 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PEDRO, NEVILLE Name: Name: 6051 W COMMERCIAL BLVD Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: () Delete Title: VΡ Title: (X) Change () Addition PEDRO, DARNELL Name: PEDRO, SOPHIA Name: 5515 CONSTANT SPRING TERRACE 6051 W. COMMERCIAL BLVD Address: Address: LAUDERHILL, FL 33319 TAMARAC, FL 33319 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NEVILLE PEDRO P 04/29/2009