


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90006 034 \*\*\*150.00

|  |                            |   |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|----------------------------|---|---|--|----------------------------|---------------------------------|------|----------------------------|--|----------------|----------------------|--|-------------|--|--|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P03000099017</b><br>1. Entity Name<br><b>DARREN TO MAKE A DIFFERENCE, INC.</b>   |                            |   |   |   |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>10545 NORTHWEST 11TH COURT<br/>PLANTATION, FL 33322</b>  |                            |   | Mailing Address<br><b>10545 NORTHWEST 11TH COURT<br/>PLANTATION, FL 33322</b> |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |                            | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State   |                            | City & State  |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip  | Country                    | Zip   | Country   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>NEMETH, DARREN J<br/>10545 N.W. 11TH CT.<br/>PLANTATION, FL 33322</b>   |                            |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>8.</b> 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.   |                            |   |   | 4. FEI Number<br><b>20-0217740</b>   |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                            |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |                            |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                          |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |                            |   |   | 10. OFFICERS AND DIRECTORS   |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD<br/>NEMETH, DARREN JAY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>10545 NORTHWEST 11TH COURT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PLANTATION, FL 33322</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |                            |   |   | TITLE  | PSTD<br>NEMETH, DARREN JAY | <input type="checkbox"/> Delete | NAME | 10545 NORTHWEST 11TH COURT |  | STREET ADDRESS | PLANTATION, FL 33322 |  | CITY-ST-ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | PSTD<br>NEMETH, DARREN JAY | <input type="checkbox"/> Delete                                   |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| CITY-ST-ZIP  |                            |   |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                            |   |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| <b>12.</b> 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. |                            |   |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> <u>Darren Nemeth (Darren Nemeth)</u> <b>President, STD</b> <b>954-347-6053</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                            |   |   |  |                            |                                 |      |                            |  |                |                      |  |             |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |