

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000147106

1. Entity Name  
DERMAR INC.



FILED

04 AUG -9 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8100 TAFT STREET  
PEMBROKE PINES, FL 33024

Mailing Address  
8100 TAFT STREET  
PEMBROKE PINES, FL 33024

2. Principal Place of Business

3. Mailing Address



08062004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1977009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CEVALLOS, ANDRES L  
8100 TAFT STREET  
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DELGADO VARGAS, GUSTAVO ☐ Delete  
STREET ADDRESS 8100 TAFT STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE VD  
NAME CEVALLOS, ANDRES X L ☐ Delete  
STREET ADDRESS 8100 TAFT STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE  
NAME FELIX ANTONIO CANO ☐ Delete  
STREET ADDRESS 8100 TAFT ST  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME FELIX CANO ☐ Change ☒ Addition  
STREET ADDRESS 8100 TAF ST.  
CITY-ST-ZIP PEMBROKE PINES FL. 33024

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 800040255268  
CITY-ST-ZIP 08/17/04--01065--024 \*\*150.00

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #