

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018787

Entity Name: DEMECCO SUPPORT, INC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

TWIN LAKES DR
10208 BLD 15F
CORAL SPRINGS, FL 33071

New Principal Place of Business:

821 SW 63RD AVENUE
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

TWIN LAKES DR
10208 BLD 15F
CORAL SPRINGS, FL 33071

New Mailing Address:

821 SW 63RD AVENUE
NORTH LAUDERDALE, FL 33068

FEI Number: 20-8422242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, OMAR
TWIN LAKES DR
10208 BLD 15F
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

MARTINEZ, OMAR
821 SW 63RD AVENUE
NORTH LAUDERDALE, FL 33068 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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINEZ, OMAR
Address: 10208 TWIN LAKES DR BLD 15F
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, OMAR
Address: 821 SW 63RD AVENUE
City-St-Zip: NORTH LAUDERDALE, FL 33068

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.

SIGNATURE: OMAR MARTINEZ

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date