

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000021855	
1. Entity Name DEMETRA, INC.	

Principal Place of Business 1253 RODMAN STREET HOLLYWOOD, FL 33019	Mailing Address 1253 RODMAN STREET HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0650606	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

GEORGANAS, DEMETRIOS
1253 RODMAN STREET
HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GEORGANAS, DEMETRIOS 1253 RODMAN STREET HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GEORGANAS, SOPHIA 1253 RODMAN STREET HOLLYWOOD, FL 33019
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**DO NOT WRITE
IN THIS SPACE**

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: *D. George* 1/9/04 (954) 920-077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #