

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000021855



1. Entity Name  
DEMETRA, INC.

Principal Place of Business  
1140 LEMON WOOD ST  
HOLLYWOOD, FL 33019

Mailing Address

1140 LEMON WOOD ST  
HOLLYWOOD, FL 33019

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0650606	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	GEORGANAS, DEMETRIOS
STREET ADDRESS	1140 LEMONWOOD ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VTD
NAME	GEORGANAS, SOPHIA
STREET ADDRESS	1140 LEMONWOOD ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000664685  
03/22/07-80056-004 150.00

U00000660094  
03/22/07-80039-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Geor...h*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07 (954) 920-0779  
Date Daytime Phone #