

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097368

FILED
Apr 19, 2005
Secretary of State

Entity Name: DEMAR CAPITAL INVESTMENTS, INC.

Current Principal Place of Business:

1172 S DIXIE HIGHWAY
SUITE 504
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0729561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STATON, III, ALBERT H
Address: 340 GIRALDA AVENUE #712
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DV () Delete
Name: LOGAN, STEVE
Address: 9158 SADDLEBOW DRIVE
City-St-Zip: BRENTWOOD, TN 37027 US

Title: DT () Delete
Name: STATON, CANDACE M
Address: 340 GIRALDA AVE #712
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DS () Delete
Name: LOGAN, JANE
Address: 9158 SADDLEBOW DRIVE
City-St-Zip: BRENTWOOD, TN 37027 US

Title: D () Delete
Name: STATON, LINDA A
Address: 3154 EAST ADDISON
City-St-Zip: ALPHARETTA, GA 30022 US

Title: D () Delete
Name: STATON, STUART A
Address: 3154 EAST ADDISON
City-St-Zip: ALPHARETTA, GA 30022 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STATON, III, ALBERT H
Address: 766, AVENUE ANTONINE-MAILLET
City-St-Zip: OUTREMONT, QUEBEC, OC H2V 2Y5 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: STATON, CANDACE M
Address: 766, AVENUE ANTONINE-MAILLET
City-St-Zip: OUTREMONT, QUEBEC, OC H2V 2Y5 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CANDACE M. STATON

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04/19/2005

Electronic Signature of Signing Officer or Director

Date