

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000022731	
1. Entity Name DEMA INTERNATIONAL CORP.	
Principal Place of Business 13317 SW 135 AVE MIAMI, FL 33186	Mailing Address 13317 SW 135 AVE MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

07122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0831666	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145

**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
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P ARIAS, JUAN 5440 S. W. 84 TERR. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC/T ARIAS, BERTHA 5440 SW 84TH TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Authorized Signer

Date

7/25/05

Daytime Phone #

305-278-0509