FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 01, 2004 8:00 am Secretary of State 04-01-2004 90008 017 ***150.00

DOCUMENT # P9900046381	SE S
DEMANGO MIND, INC	
	

DOCUMENT # P990000 1. Entity Name DEMANGO MIND,)46381 , INC	
DO NOT WRITE		PACE
2. Principal Place of Business	3. Mailing Address	1

DEMANGO	MIND, IN	C				
DO NOT	WRITE IN	THIS SP	ACE			
2. Principal Place of Business	T 3. W	ailiag Address	27ST		•	54025134
Suite, Apt. #, etc.	Sı	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
ME, FL	7	XVIZ, FL		4.	65-096462	Applied For Not Applicable
3333 BC	WARD 2	333	BROWAR	\downarrow	. Certificate of Status Desired	Fee Required
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name Address (R.O. Box Number is Not Acceptable) Street Address (R.O. Box Number is Not Acceptable)						
			City	WE.	0 000 2(0)	FL 333
the obligations of registered age	thic statement for the pu	- OHE	gistered office or re	BM	agent, or both, in the State of Florida.	I am familiar with, and accept
January 1 - May 1 Fe After May 1, Fee is Amended UBR is Make Check Payable to Florida	\$550.00 \$61.25				Election Campaign Financin Trust Fund Contribution.	g \$5.00 May Be
10. IITLE NAVLE STREET ADDRESS CHY-ST-ZIP	T CHRECHES AND DIRECT	RIEMULA 75T 3731	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER O