

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S74573

1. Entity Name

DEMETRIO SCENERY, INC.



Principal Place of Business
1820 WEST 46TH ST.
#707
HIALEAH FL 33012

Mailing Address
1820 WEST 46TH ST.
#707
HIALEAH FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0300360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, DEMETRIO
1820 WEST 46TH ST.
#707
HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MENENDEZ, DEMETRIO
STREET ADDRESS 1820 W. 46 ST., #707
CITY-STATE-ZIP HIALEAH FL 33012

TITLE VD
NAME MENENDEZ, ANA MARGARITA
STREET ADDRESS 1820 W. 46 ST., #707
CITY-STATE-ZIP HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
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CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

U00000606960
01/31/07-80017-019 150.00