


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 046 ***158.75

DOCUMENT # S80781
1. Entity Name
DEMAR EXPORT, INC



DO NOT WRITE IN THIS SPACE

70055105

2. Principal Place of Business 7701 CAMINO REAL Suite, Apt. #, etc. APT A -315 City & State MIAMI FLORIDA Zip 33143 Country DADE		3. Mailing Address 7701 CAMINO REAL Suite, Apt. #, etc. APT A- 315 City & State MIAMI FLORIDA Zip 33143 Country DADE	
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORPORATE INVESTMENTS SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
7501 TREASURE DR NORTH BAY VILLAGE

City
MIAMI BEACH

FL Zip Code
33141

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:  LEONARDO A.E SCINTO DATE: 4/25th/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

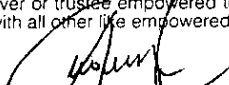
January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT - SECT - TREAS - D SCINTO LEONARDO A.E 7701 CAMINO REAL APT - A-315 MIAMI FLORIDA 33143
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  LEONARDO A.E SCINTO DATE: 4/25th/03 (786) 488-9480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davitme Phone #