

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 024 ***150.00

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1. Entity Name
DEMARCO SALES AND CONSULTING OF FLORIDA, INC.



Principal Place of Business
7000 ISLAND BLVD
STE. 2402
AVENTURA, FL 33160 US

Mailing Address
7000 ISLAND BLVD
STE. 2402
AVENTURA, FL 33160 US

DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0342855
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MARCO, MAX
7000 ISLAND BLVD
STE. #2402
AVENTURA, FL 33160

**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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	MAR
NAME	MARCO, MAX
STREET ADDRESS	7000 ISLAND BLVD 7000 Island Blvd, Suite 2402
CITY - ST - ZIP	MIAMI BEACH, FL Aventura, FL. 33160
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

305-932-1003

Daytime Phone #