

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

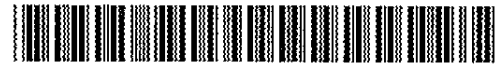
**DOCUMENT # V53761**

1. Entity Name  
**DEMARK CUSTOMS BROKER, INC.**



Principal Place of Business  
11421 N.W. 39TH ST  
MIAMI, FL 33178 US

Mailing Address  
PO BOX 52-1456  
MAIMI, FL 33152-1456 US



04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0350492**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RAMIREZ, MIRNA  
11421 N.W. 39TH STREET  
MIAMI, FL 33178

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

000000113739  
04/15/04-80022-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
RAMIREZ, MIRNA  
11421 N.W. 39TH STREET  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RAMIREZ, MIRNA  
11421 NW 39TH STREET  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RAMIREZ, RAMIRO M.  
11421 N.W. 39TH STREET  
MIAMI, FL 33178

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 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: Mirna Ramirez **President** 04-12-04 305 477-0046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #