


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # V53761
 1. Entity Name
DEMARK CUSTOMS BROKER, INC.



Principal Place of Business Mailing Address
 11421 N.W. 39TH ST PO BOX 52-1456
 MIAMI, FL 33178 US MAIMI, FL 33152-1456 US



DO NOT WRITE IN THIS SPACE

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0350492 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000309873
 04/16/05-80055-012 150.00

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	
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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)(f), 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* MIRNA Ramirez President 04-12-05 305 477-0046
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #