

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90074 018 ***150.00

DOCUMENT # V67905 1. Entity Name DEMARK CARGO, INC.					
Principal Place of Business 11421 NW 39TH STREET MIAMI, FL 33178 US			Mailing Address PO BOX 52-1456 MIAMI, FL 33152-1456 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROMIREZ MIRNA 11421 NW 39TH STREET MIAMI, FL 33178				Name <u>Ramirez MIRNA</u> Street Address (P.O. Box Number is Not Acceptable) <u>11421 N.W. 39th STREET</u> City <u>miami</u> FL Zip Code <u>33178</u>	
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 <u>MIRNA Ramirez</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>04-12-04</u> (NOTE: Registered Agent signature required when reinstating)	
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, MIRNA 11421 NW 39TH STREET MIAMI, FL 33178	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, RAMIRO M. 11421 NW 39TH STREET MIAMI, FL 33178	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: <u>MIRNA Ramirez</u> <u>04-12-04</u> <u>305-477-0046</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					