

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051793

FILED
Mar 08, 2005
Secretary of State

Entity Name: DOCTOR OF SUCCESS SEMINARS, INC.

Current Principal Place of Business:

7081 SW 19TH ST.
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7081 SW 19TH ST.
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1016190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-LINARES, MANUEL A
201 S. BISCAYNE BLVD., 10TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETERS, BERNADETTE E
Address: P.O. BOX 19306
City-St-Zip: PLANTATION, FL 333180306

Title: D () Delete
Name: BELUSKO, ALICE
Address: P.O. BOX 19306
City-St-Zip: PLANTATION, FL 333180306

Title: D () Delete
Name: PETERS, KEVIN G
Address: P.O. BOX 19306
City-St-Zip: PLANTATION, FL 333180306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PETERS, BERNADETTE E
Address: 7081 SW 19TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: BELUSKO, ALICE
Address: 7081 SW 19TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change () Addition
Name: PETERS, KEVIN G
Address: 7081 SW 19TH ST.
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE BELUSKO

D

03/08/2005

Electronic Signature of Signing Officer or Director

_____ Date