

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90026 010 \*\*\*150.00

**DOCUMENT # P06000067485**

1. Entity Name  
**DSG CREATIONS, INC**



Principal Place of Business  
**2401 TARPON DRIVE**  
**MIRAMAR, FL 33023 US**

Mailing Address  
**2401 TARPON DRIVE**  
**MIRAMAR, FL 33023 US**



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number **20-4908830** Applied For  
**NOT APPLICABLE** Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**GRIGGS, SOPHIA**  
**2401 TARPON DR**  
**MIRAMAR, FL 33023**

**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	P
NAME	GERVAIS, DIANA
STREET ADDRESS	2654 TARPON DR
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	P
NAME	GERVAIS, DELPHINE
STREET ADDRESS	100 NW 198 ST
CITY-ST-ZIP	MIAMI, FL 33169
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)

**3-10-08**

Date

Daytime Phone # \_\_\_\_\_