


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90030 008 ***150.00

DOCUMENT # P07000026020		
1. Entity Name DESIGN & ESTIMATING SERVICES, INC.		

Principal Place of Business 221 E 55 STREET HIALEAH, FL 33013	Mailing Address 221 E 55 STREET HIALEAH, FL 33013
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2. Principal Place of Business - No P.O. Box # 1535 W. 35 PL.	3. Mailing Address 1535 W. 35 PL.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Hialeah, FL	City & State Hialeah, FL
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Zip 33012	Country	Zip 33012	Country
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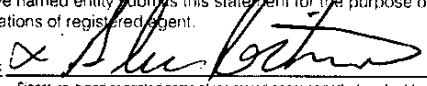
02152008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8600013	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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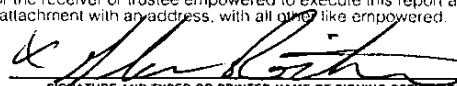
6. Name and Address of Current Registered Agent ROITMAN, GLENN 221 E 55 STREET HIALEAH, FL 33013	
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7. Name and Address of New Registered Agent Name GLENN ROITMAN Street Address (P.O. Box Number & Not Applicable) 1535 W 35 PL City Hialeah FL Zip Code 33012	
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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 	glenn roitman 03/27/2008 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ROITMAN, GLENN 221 E 55 STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROITMAN, GLENN 221 E 55 STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	GLENN ROITMAN PRESIDENT 03/27/2008 208-338-6301 Date Daytime Phone #