## 2004 FOR PROFIT CORPORATION

SIGNATURE:

ANNUAL REPORT (AR)				FILED
DOCUMENT # P93000018002  1. Enuty Name  DAS, INC.				Feb 12, 2004 08:00 AM Secretary of State
Principal Place of Business 3111 UNIVERSITY DRIVE SUITE 610 CORAL SPRINGS FL 33065 US		Mailing Address 3111 UNIVERSITY DRIV SUITE 610 CORAL SPRINGS FL 33		
2. Principal Place of Business		3. Mailing Address	<del></del>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 65-0410260 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
HODKIN, PETER M 1 EAST BROWARD BLVD STE 1501 FORT LAUDERDALE FL 33301			Name Street Addres:	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND DIRECTORS 11.		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZUCKERMAN, DAVID 3111 UNIVERSITY DRIVE, SUITE 6 CORAL SPRINGS FL 33065	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition U20000048761 U2/12/04-80033-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, ANDREW 3111 UNIVERSITY DRIVE, SUITE 6 CORAL SPRINGS FL 33065	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, STEVEN 3111 UNIVERSITY DRIVE, SUITE 6 CORAL SPRINGS FL 33065	☐ Detete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY -ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A SECOND STATE OF SECOND STATE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 province of the corporation or the receiver or trustee empowered.				

Steven Zuckerman

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR