

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001756

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC6859032940**

**Entity Name:** DATA ENRICHMENT SERVICES INC.

**Current Principal Place of Business:**

431 SW 10TH TERR  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

431 SW 10TH TERR  
HALLANDALE BEACH, FL 33009

**FEI Number: 27-5076048**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEBEZIERS, HARRY  
3913 SAN SIMEON LANE  
WESTON, FL 33331 US

*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

**Officer/Director Detail :**

Title P  
Name DEBEZIERS, HARRY  
Address 3913 SAN SIMEON LANE  
City-State-Zip: WESTON FL 33331

Title PTD  
Name ALEXANDER, LARETTE  
Address 431 SW 10TH TERR  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TD  
Name OBAS, CHARLY  
Address 1061 NE 151 TERR  
City-State-Zip: N MIAMI BEACH FL 33162

Title SD  
Name ALEXANDER-ROLLE, EMMANUELLA  
Address 10933 SW 5TH CT APT 201  
City-State-Zip: PEMBROKE PINES FL 33025

Title D  
Name FLEUIRNOR, JULIE  
Address 916 1/2 NOYES ST  
City-State-Zip: EVASION OK 60201

Title ASSISTANT SECRETARY  
Name DE BEZIERS, LYNETTE G  
Address 3913 SAN SIMEON LANE  
City-State-Zip: WESTON FL 33331

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLY OBAS**

**SD**

**03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date