

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000047079

**Entity Name:** 2DSN INC

**Current Principal Place of Business:**

26975 OLD 41 ROAD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

PO BOX 367266  
BONITA SPRINGS, FL 34136 US

**FEI Number:** 80-0711410

**Certificate of Status Desired:** No

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

SHARMA, SHIVA  
26975 OLD 41 ROAD  
BONITA SPRINGS, FL 34135 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 PD  
Name SHARMA, SHIVA S  
Address PO BOX 367266  
City-State-Zip: BONITA SPRINGS FL 34136

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

**SIGNATURE:** SHIVA SHARMA

**MANAGER**

**01/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date