


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741750</b> 1. Entity Name <b>DEAF SERVICE'S BUREAU, INC.</b>	
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Principal Place of Business <b>1250 NW 7 ST. #207 MIAMI, FL 33125 US</b>	Mailing Address <b>1250 NW 7 ST. #207 MIAMI, FL 33125 US</b>
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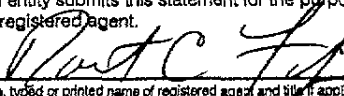
01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1872983</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FIFER, ROBERT C 11273 SW 153 AVE. MIAMI, FL 33196</b>
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**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 	DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAU, CELIDA 701 SW 27 AVE. #1000 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERGARA, KATHLEEN 8335 OAK LANE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IANNONE, MERCEDES 16400 NW 32 AVENUE MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIFER, ROBERT C 11273 SW 153 AVE. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HASSELL, ANITA 1250 NW 7 STREET # 207 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000533780  
05/06/06-80136-019 70.00

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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 617, 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: X

