

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90027 044 \*\*\*150.00

DOCUMENT # F00000006056

1. Entity Name

DIGITAL EXCHANGE SYSTEMS, INC.



Principal Place of Business

9051 FLORIDA MINING BLVD., #108  
TAMPA FL 33634

Mailing Address

777 TERRACE AVENUE  
2ND FLOOR  
HASBROOK HEIGHTS NJ 07604

2. Principal Place of Business

15402 N. NEBRASKA AVE.

3. Mailing Address

15402 N. NEBRASKA AVE.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

LUTZ FL

City & State

LUTZ, FL

Zip

33549-6149

Country

USA

Zip

33549-6149

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3634502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005, Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHMIDT, STEVEN R ☐ Delete  
STREET ADDRESS 9051 FLORIDA MINING BLVD., STE. 108  
CITY-ST-ZIP TAMPA FL 33634

TITLE ST  
NAME BECKFORD, MARK ☐ Delete  
STREET ADDRESS 777 TERRACE AVENUE, 2ND FLOOR  
CITY-ST-ZIP HASBROOK HEIGHTS NJ

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 15402 N. NEBRASKA AVE. Suite 204  
STREET ADDRESS LUTZ FL 33549  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

MARK BECKFORD

M Beckford

3-10-05

(201) 288-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #