

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002927

Entity Name: D. S. NETWORKS, S.A., INC.

FILED
Mar 30, 2008
Secretary of State

Current Principal Place of Business:

% ALEIDA ORS WALDMAN, P.A.
440 SOUTH ANDREWS AVE.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

% ALEIDA ORS WALDMAN, P.A.
440 SOUTH ANDREWS AVE.
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1117155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDMAN, ALEIDA O P.A.
440 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FELIX PEREZ, DAYSI A
Address: ESCAZU, URB. LOS LAURELES
City-St-Zip: SAN JOSE, COSTA RICA,

Title: SD () Delete
Name: OCONITRILLO IZAGUIRR, FLORA I
Address: DESAMPARADOS, DE LA CLINICA MARCIAL
City-St-Zip: SAN JOSE, COSTA RICA,

Title: T () Delete
Name: ARROYO DURAN, ELIM
Address: HATILLO 7, ALMEDA J. J. ROSALES, CASA #29
City-St-Zip: SAN JOSE, COSTA RICA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEIDA ORS WALDMAN

RA

03/30/2008

Electronic Signature of Signing Officer or Director

Date