


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90006 042 \*\*\*550.00

<b>DOCUMENT # F17041</b>	
1. Entity Name D.S.A. OF MIAMI, INC.	

Principal Place of Business 5145 CITY STREET ORLANDO, FL 32839	Mailing Address 5145 CITY STREET P.O. BOX 2809 ORLANDO, FL 32839
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**54055509**



2. Principal Place of Business <i>319 N MAGNOLIA AVE</i>	3. Mailing Address <i>319 N MAGNOLIA AVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04092004 Chg-P CR2E034 (10/03)

City & State <i>ORLANDO FL</i>	City & State <i>ORLANDO, FL</i>
Zip <i>32801</i>	Country <i>USA</i>
Zip <i>32801</i>	Country <i>USA</i>

4. FEI Number <b>59-2231019</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SKELLEY, JEANNIE L 5145 CITY STREET ORLANDO, FL 32839	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>319 N MAGNOLIA AVE</i> City <i>ORLANDO</i> FL Zip Code <i>32801</i>
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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 <i>Jeannie L Skelley</i>	DATE <i>5/20/04</i>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON, HENRY A 1090 DON MILLS ROAD TORONTO, ON <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKELLEY, JEANNIE L 5145 CITY STREET ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>319 N MAGNOLIA AVE ORLANDO FL 32801</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Jeannie L Skelley</i>	Date <i>5/20/04</i> Daytime Phone # <i>407-902-2502</i>