

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005066

1. Entity Name
DEVELOPMENT SPECIALISTS, INC.



Principal Place of Business

**200 SOUTH BISCAYNE BLVD., STE. 2750
SUITE 900
MIAMI, FL 33131-2321 US**

Mailing Address

**70 W. MADISON ST
SUITE 2300
CHICAGO, IL 60602 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-2967476

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANDT, WILLIAM A JR.
200 SOUTH BISCAYNE BLVD
900
MIAMI, FL 33131-2321**

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000129254
04/26/04-60071-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	BRANDT, WILLIAM A JR.
STREET ADDRESS	200 S. BISCAYNE BLVD., STE 900
CITY- ST- ZIP	MIAMI, FL 33131
TITLE	VP
NAME	OMALLEY, PATRICK J
STREET ADDRESS	70 WEST MADISON ST., STE 2300
CITY- ST- ZIP	CHICAGO, IL 60602
TITLE	S
NAME	DEPAUL, CHRISTINE C
STREET ADDRESS	70 WEST MADISON STREET, STE 2300
CITY- ST- ZIP	CHICAGO, IL 60602
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04 305-374-2717