2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15614

1. Entity Name
DATA SYSTEMS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2101 S.W. PERRY TERRACE STUART, FL 34997 US	2101 S.W. PERRY TERRACE STUART, FL 34997 US

DO NOT WRITE IN THIS SPACE

FILED

Feb 03, 2005 08:00 AM
Secretary of State

02012005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2249651	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID CHIAVETTA
2101 S.W. PERRY TERRACE
STUART, FL 34997

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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_____ DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHIAVETTA, DAVID
STREET ADDRESS	2101 S.W. PERRY TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/05-80026-007 150.00

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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: *David Chiavetta, Pres.* David Chiavetta, Pres. 1/31/2005 (772) 220-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #