2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23, 2004 8:00 am **Secretary of State** DOCUMENT # M62091 👼 . . 🙇 1. Entity Name 02-23-2004 90058 036 ***150.00 DISTRIBUTION & COLLECTION SERVICES, INC. Principal Place of Business Mailing Address 2277 NW 82ND AVE. 2277 NW 82ND AVE. MIAMI FL 33122-1510 MIAMI FL 33122-1510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0035024 Not Applicable Zip \$8.75 Additional Zio Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BICHARS, BLANCA C Street Address (P.O. Box Number is Not Acceptable) 2277 NW 82 AVE **MIAMI FL 33122** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. WILL President Delete TITLE TITLE FERRO, CARLOS NAME NAME 5040 NW 7TH ST, #670 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE ASHKAR, THERESA NAME STREET ADDRESS 5040 NW 7TH ST. #670 STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7/P Delete ■ Addition TITLE NAME SALMAN, CARLOS STREET ADDRESS 1405 SW 107TH AVE #301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL CEO TITLE Change ☐ Addition TITLE ☐ Delete BICHARA, BLANCA C NAME NAME 2277 NW 82 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33122 CITY-ST-ZIP CITY-ST-7IP Executive VP, Change Addition ☐ Delete TITLE TITLE Trace salman NAME NAME STREET ADDRESS STREET ADDRESS .CITY_ST-ZIP_ CITY-ST-ZIP Addition ☐ Change TITLE ☐ Detete Yono E. Salmer NAME DADD NU BAGK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP J=15. 33/22 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

FILED

Daytime Phone #