


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M62091</b> 1. Entity Name DISTRIBUTION & COLLECTION SERVICES, INC.	
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Principal Place of Business 2277 NW 82ND AVE. MIAMI, FL 33122-1510	Mailing Address 2277 NW 82ND AVE. MIAMI, FL 33122-1510
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0035024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BICHARS, BLANCA C  
2277 NW 82 AVE  
MIAMI, FL 33122

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRO, CARLOS 5040 NW 7TH ST. #870 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ASHKAR, THERESA 5040 NW 7TH ST. #870 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BICHARA, BLANCA C 2277 NW 82 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVEV SALMAN, CODELIA 7830 SW 83 CT. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALMAN, MONO E 2277 NW 82 AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/18/06-80010-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** B. B. 1/6/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #