## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # M62091**

1. Entity Name

DISTRIBUTION & COLLECTION SERVICES, INC.



FILED Feb 04, 2008 08:00 A Secretary of State

Principal Place of Business

2277 NW 82ND AVE. MIAMI, FL 33122-1510 Mailing Address

The state of the s

2277 NW 82ND AVE. MIAMI, FL 33122-1510



01232008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0035024 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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.

Signeture, 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, 2008 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

7,1051 10.	Ly 1, 2000 1 66 Will be \$350.00	
10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRO, CARLOS 5040 NW 7TH ST. #670 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ASHKAR, THERESA 5040 NW 7TH ST. #670 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 GUDELIA, SALMON 7830 SW 83 CT. MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALMAN, MARIO E 2277 NW 82 AVE. MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE

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:

X,/3\_