

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90180 036 \*\*\*150.00

**DOCUMENT # M86935**

1. Entity Name

DCS INVESTIGATIONS, INC.



Principal Place of Business

318A SW 12 AVENUE  
MIAMI FL 33130

Mailing Address

318A SW 12 AVENUE  
MIAMI FL 33130

34000010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

320-A S.W. 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

320-A S.W. 12 AVE

Suite, Apt. #, etc.

City & State

Miami, FLA

City & State

Miami, FLA

4. FEI Number

65-0074734

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33130

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, HUMBERTO  
318-A S.W. 12TH AVENUE  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Lopez Humberto

Street Address (P.O. Box Number is Not Acceptable)

320-A S.W. 12 AVE

City

Miami

FL

Zip Code

33130

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVTS ☐ Delete  
NAME LOPEZ, HUMBERTO  
STREET ADDRESS 318A SW 12 AVENUE  
CITY-ST-ZIP MIAMI FL 33130

TITLE D ☐ Delete  
NAME LOPEZ, HUMBERTO  
STREET ADDRESS 318A SW 12 AVENUE  
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

26 April 04

Date

305-643-5999

Daytime Phone #