

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2005 08:00 A
Secretary of State**

pd 4/12/05
ck 13351

DOCUMENT # M90554

1. Entity Name
D.F.S. CONSOLIDATORS, INC.



Principal Place of Business

**701 W 20TH STREET
HIALEAH, FL 33010**

Mailing Address

**701 WEST 20TH STREET
HIALEAH, FL 33010**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0071577

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURCET, TOM A
6760 GLENEAGLE DRIVE
MIAMI LAKES, FL 33014**

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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

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, 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	PS
NAME	BURCET, TOM A
STREET ADDRESS	6760 GLENEAGLE DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VP
NAME	DE LARA, HUMBERTO
STREET ADDRESS	7521 SW 116 STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80023-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

4-12-05 (786) 337-4460