## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000013028

BOKAM, ARMEL

NEWBURGH, NY 12550

68 WEST ST.

Name:

Address:

City-St-Zip:

FILED Aug 13, 2007 Secretary of State

Entity Name: DHS-INTER, CORP. **Current Principal Place of Business: New Principal Place of Business:** 8324 ARABIAN DUNES PLACE RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 8324 ARABIAN DUNES PLACE RIVERVIEW, FL 33569 FEI Number: 20-8176943 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVINA-ZE, BERTIN 8324 ARABIAN DUNES PLACE RIVERVIEW, FL 33569 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EVINA-ZE, BERTIN Name: Name: Address: 8324 ARABIAN DUNES PLACE Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SOLLO NOAH, DENISE Name: Address: 4247 CARPENTER AVENUE Address: City-St-Zip: BRONX, NY 10466 City-St-Zip: Title: ( ) Delete Title: () Change () Addition EVINA-ZE, FLORENCE Name: Name: Address: 68 WEST ST Address: City-St-Zip: NEWBURGH, NY 12550 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MENARD, CORINNE Name: Name: Address: 13 AVENUE LéON BLUM Address: City-St-Zip: LE GRAND QUEVILLY, FL 76120 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: BERTIN EVINA-ZE 08/13/2007