

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 044 ***150.00

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1. Entity Name
DESCCEED, INC.



Principal Place of Business
6491 SUNSET STRIP
#9
SUNRISE, FL 33313

Mailing Address
6491 SUNSET STRIP
#9
SUNRISE, FL 33313

40064057



2. Principal Place of Business - No P.O. Box

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1042914

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOFIL & NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

Name JOSEPH R. NOFIL, PA

Street Address (P.O. Box Number is Not Acceptable)
3284 N. STATE RD. 7

LAUDERDALE LAKES

FL 33319

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 and printed name of registered agent and file if applicable.

(NOTE: Registered agent signature required for reinstatement)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PTSD
STREET ADDRESS WILLIAMS, TROY
CITY-STATE-ZIP 7000 NW 25TH STREET
SUNRISE, FL 33308

TITLE ☒ Change ☐ Addition
NAME 9703 NW 42ND COURT
STREET ADDRESS SUNRISE, FL 33351
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
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CITY-STATE-ZIP

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

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:

Troy Williams Troy Williams

4/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Cell Phone #