

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000117056		
1. Entity Name DTS CONSULTING, INC.		
Principal Place of Business 80 SW 8TH ST., STE. 2054 MIAMI, FL 33130	Mailing Address 80 SW 8TH ST., STE. 2054 MIAMI, FL 33130	



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1064380	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MULLIGAN, T. WAYNE 821 SOUTH SHORE DR. MIAMI BEACH, FL 33141-2409		DO NOT WRITE 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000401753
02/02/06-80060-003 158.75

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRA, JOSE F 80 SW 8 STREET # 2054 MIAMI, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MILLIGAN, WAYNE 80 SW 8 ST # 2054 MIAMI, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAAS, EDWARD A 80 SW 8 ST # 2054 MIAMI, FL 33130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

305-381-6311

Date

Daytime Phone if