

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90264 016 \*\*\*150.00

**DOCUMENT # P01000023426**

1. Entity Name  
**DESIGN OR SERVICES, INC.**



Principal Place of Business  
**18500 SW 4TH ST.  
PEMBROKE PINES, FL 33029**

Mailing Address  
**18500 SW 4TH ST.  
PEMBROKE PINES, FL 33029**

**34070600**

2. Principal Place of Business  
**466 SE 14TH ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 922**  
Suite, Apt. #, etc.



02252004 Chg-P CR2E034 (10/03)

City & State  
**DANIA BEACH, FL**  
Zip **33004** Country **USA**

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Zip **33004** Country **USA**

4. FEI Number  
**65-1080880**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JOHNSON, KASIA B**  
**18500 SW 4TH ST.**  
**PEMBROKE PINES, FL 33029**

**7. Name and Address of New Registered Agent**

Name **KASIA B. JOHNSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**466 SE 14TH ST.**  
City **DANIA BEACH** FL Zip Code **33004**

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 *Kasia B. Johnson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**4.26.04**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **P JOHNSON, KASIA B** ☐ Delete  
STREET ADDRESS **18500 SW 4TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **KASIA B. JOHNSON** ☒ Change ☐ Addition  
STREET ADDRESS **466 SE 14TH ST**  
CITY-ST-ZIP **DANIA BEACH, FL 33004**

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

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

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TITLE  
NAME ☐ Change ☐ Addition  
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: *Kasia B. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.26.04**

DATE

Daytime Phone #