

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

City & State
DANIA BEACH, FL

Zip
33004 Country
USA

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

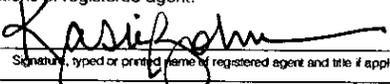
7. Name and Address of New Registered Agent

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  DATE **4.26.04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

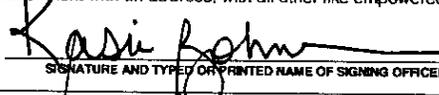
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	JOHNSON, KASIA B	18500 SW 4TH ST.	PEMBROKE PINES, FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	KASIA B. JOHNSON	466 SE 14TH ST	DANIA BEACH, FL 33004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **4.26.04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #