

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000072874

**FILED**  
**May 05, 2005**  
**Secretary of State**

**Entity Name:** CDS SYSTEMS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5718 NW 46TH DRIVE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5718 NW 46TH DRIVE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:** 03-0462284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVY, DAVID J  
5718 NW 46TH DRIVE  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: LEVY, DAVID J  
Address: 5718 NW 46TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LEVY, DAVID J  
Address: 5718 NW 46TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DST ( ) Change (X) Addition  
Name: KANSTOROOM ROBERSON, CINDY  
Address: 6300 NW 120 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DVP ( ) Change (X) Addition  
Name: ROBERSON, BRUCE  
Address: 6300 NW 120 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY KANSTOROOM ROBERSON

DST

05/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date