


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90012 037 \*\*\*550.00

<b>DOCUMENT # P02000079846</b>	
1. Entity Name <b>DAS SALES, INC.</b>	

Principal Place of Business <del>10677 ROYAL CARIBBEAN CIR</del> <del>BOYNTON BEACH, FL 33437</del> <b>300 71st Suite 301</b> <b>Miami Beach, FL 33141</b>	Mailing Address <del>10677 ROYAL CARIBBEAN CIR</del> <del>BOYNTON BEACH, FL 33437</del> <b>300 71st Suite 301</b> <b>Miami Beach, FL 33141</b>
2. Principal Place of Business <del>303 Trafford Lane</del> Suite, Apt. #, etc.	3. Mailing Address <del>303 Trafford Lane</del> Suite, Apt. #, etc.

City & State <del>Savannah, GA</del> <b>Miami Beach, FL</b>	City & State <del>Savannah, GA</del> <b>Miami Beach, FL</b>
Zip <del>31410</del> <b>33141</b>	Zip <del>31410</del> <b>33141</b>
Country	Country

**54063514**



04252004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0000199</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SCHAUER, DONALD A</b> <b>10677 ROYAL CARIBBEAN CIR</b> <b>BOYNTON BEACH, FL 33437</b> <b>300 71st Suite 301</b> <b>Miami Beach, FL 33141</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>300-71st Suite 301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHAUER, DONALD A</b>		NAME <b>303 Trafford Lane</b>	
STREET ADDRESS <b>10677 ROYAL CARIBBEAN CIR</b>		STREET ADDRESS <b>Savannah, GA 31410</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP <b>Miami Beach, FL 33141</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <b>X</b> 	President	Date	Daytime Phone # <b>561-523-0936</b>
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