

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000096108

1. Entity Name
DIGITAL VIDEO SUPPLIES, INC.



FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business

169 E AGLER STREET
1534
MIAMI, FL 33131

Mailing Address

169 E AGLER STREET
1534
MIAMI, FL 33131



04272004 No Chg-P CR2E034 (10/03)

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4. FEI Number
27-0029682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICENBOIM, JOSE
169 E FLAGLER ST #1534
MIAMI, FL 33131

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000141544
04/30/04-80016-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
DEMARCO, FRANCISCO
169 E FLAGLER ST #1534
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
MIRANDA, MARTHA G
169 E FLAGLER ST #1534
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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: X DPT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEMARCO FRANCISCO

04/28/04, (305) 960-1111

Date

Daytime Phone #