

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90064 013 ***150.00

DOCUMENT # P02000125649

1. Entity Name
DIVERSIFIED SERVICE TECHNOLOGICES, INC



Principal Place of Business
330 SE 2ND AVE.
UNIT C-1
DEERFIELD BEACH, FL 33441

Mailing Address
330 SE 2ND AVE.
UNIT C-1
DEERFIELD BEACH, FL 33441

2 Principal Place of Business - No P.O. Box #
193 Day Drive
Suite, Apt. #, etc.

3 Mailing Address
193 Day Drive
Suite, Apt. #, etc.



04252007 Chg-P CR2E034 (12/06)

City & State
Sebastian, Fl.
Zip
32958
Country
INDIAN RIVER

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32958
Country
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4. FEI Number
57-1144592
Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

PALOS, MARCE V
330 SE 2ND AVE.
UNIT C-1
DEERFIELD BEACH, FL 33441

10 Name and Address of New Registered Agent

Name
MARCE V. PALOS
Street Address (P.O. Box Number is Not Acceptable)
193 DAY DRIVE
SEBASTIAN
City
FL Zip Code
32958

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 MARCE V. PALOS MARCE V. PALOS 4-27-07
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PALOS, MARCE V 330 SE 2 AVE. C-1 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PALOS, MARCE V. 193 DAY DRIVE SEBASTIAN, FL. 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MARCE V. PALOS MARCE V. PALOS 4-27-07 954-461-3998
Signature and typed or printed name of signing officer or director Date Daytime Phone #