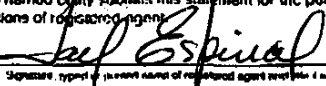
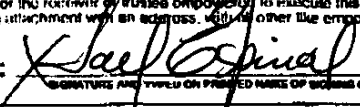


FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90115 042 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000003485		
1. Filing Name: DMS DISKWARE COMPANY		
AETJ HARDWARE COMPANY		
Principal Place of Business: 2761 S. OAKLAND FORREST DR., #103 OAKLAND PARK, FL 33309		Mailing Address: 2761 S. OAKLAND FORREST DR., #103 OAKLAND PARK, FL 33309
50049659		
		
04292005 No Chg-P CR2E034 (10/03)		
4. FEI Number 33-1039950		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ESPINAL, JAEI 2761 S. OAKLAND FORREST DR., #103 OAKLAND PARK, FL 33309 977 N.W. 31ST AVE PENSACOLA BEACH, FL 33069		DO NOT WRITE 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: 		04/29/05
Signature, typed or printed name of registered agent not applicable.		(NOTE: Registered Agent signature required when registering)
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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-STATE-ZIP	PO ESPINAL, JAEI 2761 S. OAKLAND FORREST DR., #103 OAKLAND PARK, FL 33309	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHAVEZ, ANITA 501 S.W. 1ST ST. #200 MIAMI, FL 33130	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		04/29/05 954.957.8451
SIGNATURE AND PRINTED NAME OF SECRETARY OR DIRECTOR		Date