


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90020 001 *****8.75
06-01-2005 90020 002 ***150.00

DOCUMENT # P03000018131 1. Entity Name DIRECT SELLERS' SERVICES, INC.			
Principal Place of Business 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI FL 33145		Mailing Address 10097 CLEARY BLVD #348 PLANTATION FL 33324	
2. Principal Place of Business 10097 CLEARY BLVD #348 Suite, Apt. #, etc.		3. Mailing Address 10097 CLEARY BLVD #348 Suite, Apt. #, etc.	
City & State PLANTATION, FL. Zip 33324		City & State PLANTATION FL. Zip 33324	
Country U.S.A.		Country U.S.A.	
4. FEI Number 05-0554016		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL		Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST SHAIFER, ARTHUR 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI FL 33145	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Arthur Shaifer</i> ARTHUR SHAIFER, PRES.		Date 5/25/05 Daytime Phone # 954-895-4153	