

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90003 005 \*\*\*558.75

<b>DOCUMENT # P03000021942</b> 1. Entity Name <b>DANGEROUS GOODS SOLUTIONS CORP.</b>					
Principal Place of Business <b>13756 SW 157 STREET MIAMI, FL 33177 US</b>			Mailing Address <b>13756 SW 157 STREET MIAMI, FL 33177 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>03-05-07056</b>			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DELGADO, VICTOR J 13756 S.W. 157 STREET MIAMI, FL 33177</b>			7. Name and Address of New Registered Agent Name <b>Rafael Delgado</b> Street Address (P.O. Box Number is Not Acceptable) <b>13756 SW - 157 ST</b> City <b>Miami</b> FL Zip Code <b>33177</b>		
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>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>DELGADO, VICTOR J</b> STREET ADDRESS <b>13756 S.W. 157 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>			TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Delgado, Rafael</b> STREET ADDRESS <b>13756 SW 157 ST.</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Delgado, Victor J</b> STREET ADDRESS <b>13756 SW 157 ST.</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>DELGADO, MAGNA</b> STREET ADDRESS <b>13756 SW 157 ST.</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			07/11/04 (305) 299-8965 <small>Date Daytime Phone #</small>		