2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P03000026 1. Entity Name DESIGN SERVICES INSTALLATION,			04-28-200	04 90202	2 032 ***150.00		
Principal Place of Business	Mailing Address						
2643 WASHINGTON STREET Hollywood, FL 33020	2643 WASHINGTON STREET HOLLYWOOD, FL 33020						
2. Principal Place of Business 3570 NW 73 RA AVENUE	3. Mailing Address 73Kb /	NENUE					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04232004	Chg-P		4 (10/03)	
LAUDERHILL FL	City & State LAUDGRHILL, FL		4. FEI Number	373040		Applied For Not Applicable	
-33319 Country	2ip 33319 Coun	ntry		of Status Desired	₹	8.75 Additional ee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
COLUMN DET MICHAEL A CDA		Name					
SCHWARTZ, MICHAEL A CPA 2514 HOLLYWOOD BOULEVARD, SUITE 508		Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD, FL 33020							
		·					
• •		City			FL	Zip Code	
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE		ed office or register	red agent, or both	n, in the State of Flori	da. I am fa	amiliar with, and accept	
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registere	ed Agent signature required	when reinstating)		DATE		
After May 1, 2004 Fee will be \$550.0	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees				

After Ma	ay 1, 2004 Fee will be \$550.00	Trust Fund Contrib	ution. L	Added to Fees]					
10.				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME STREET ADDRESS CITY ST-ZIP	D WALLACH, SABRINA 2643 WASHINGTON STREET HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B WALLACH, S 3570 NW LAUDERHIA	73RS AVENUE	Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACH, RYAN A 2643 WASHINGTON STREET HOLLYWOOD, FL 33020	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACH , R 3570 NW 1 LAUDERHIL	13RD AVENUE	⊠ Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP		□ , Nelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**	and a second	Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
indicated of the cor	certify that the information supplied with this to on this report or supplemental report is true reporation or the receiver or trustee empowere, or on an attachment with an address, with a	and accurate and that my id to execute this report as	signature shall h	have the same legal effe	ct as if made under oath; that I	am an officer	or director			

RYAN A WALLACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR