

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 041 ***150.00

DOCUMENT # P03000026396

1. Entity Name
DESIGN SERVICES INSTALLATION, INC.



Principal Place of Business
**2490 NW 89TH ST
FORT LAUDERDALE, FL 33322**

Mailing Address
**2490 NW 89TH ST
FORT LAUDERDALE, FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006

Chg-P

CR2E034 (11/05)

City & State
SUNRISE

City & State
SUNRISE

4. FEI Number
14-1873040

Applied For
Not Applicable

Zip
33322

Country

Zip
33322

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, MICHAEL A CPA
2514 HOLLYWOOD BOULEVARD, SUITE 508
HOLLYWOOD, FL 33020**

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 *[Signature]* **RYAN A WALLACH**

4-20-06

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, 2006 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
**D
WALLACH, SABRINA
2490 NW 89TH ST
FORT LAUDERDALE, FL 33322**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALLACH, RYAN A
2490 NW 89TH ST
FORT LAUDERDALE, FL 33322**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
SUNRISE, FL 33322

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☒ Change ☐ Addition

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☐ Change ☐ 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: *[Signature]* **RYAN ANDREW WALLACH** **4-20-06** **305-801-6441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #