2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042798

FILED Apr 30, 2004 Secretary of State

Entity Name: DS & M EXOTICS, INC. **Current Principal Place of Business: New Principal Place of Business:** 20127 NW 28 CT 13899 BISCAYNE BLVD MIAMI, FL 33056 222 NORTH MIAMI BEACH, FL 33181 **Current Mailing Address: New Mailing Address:** 20127 NW 28 CT MIAMI, FL 33056 FEI Number: 86-1059443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLORIDA INCORPORATORS, INC 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 336372087 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCKENZIE, AYMA MCKENZIE, DAMION O Name: Name: 16875 NE 18 AVE 20127 NW 28 CT Address: Address: City-St-Zip: N MIAMI BEACH, FL 33169 City-St-Zip: MIAMI, FL 33056 Title: Title: () Change () Addition () Delete Name: MCKENZIE. DENVER Name: 20127 NW 28 CT Address: Address: MIAMI, FL 33056 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: WOOD, SHAYLA O Name: 20501 NW 22 AVE Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: () Change (X) Addition VAL, OVIDE Name: Name: Address: Address: 13899 BISCANYE BLVD City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMION MCKENZIE D 04/30/2004