


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90233 010 ***150.00

DOCUMENT # P03000056795	
1. Entity Name DIRECT TECHNOLOGY INNOVATIONS, INC.	

Principal Place of Business 1839 S DIXIE HWY POMPANO BEACH, FL 33060	Mailing Address 1839 S DIXIE HWY POMPANO BEACH, FL 33060
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50020541

2. Principal Place of Business 500 West Cypress Creek Rd Suite, Apt. #, etc. Suite 207 City & State Fort Lauderdale, FL Zip 33309 Country USA	3. Mailing Address 500 West Cypress Creek Rd Suite, Apt. #, etc. Suite 207 City & State Fort Lauderdale, FL Zip 33309 Country USA
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02172005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0930315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIMATTINA, ROBERT 1839 S DIXIE HWY POMPANO BEACH, FL 33060	
7. Name and Address of New Registered Agent Name Dimattina, Robert Street Address (P.O. Box Number is Not Acceptable) 500 West Cypress Creek Road Suite 207 City Fort Lauderdale FL Zip Code 33309	

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, typed or printed name of registered agent, etc. file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DPS DIMATTINA, ROBERT 1839 S DIXIE HWY POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SLOMINSKY, EDWARD 1839 S DIXIE HWY POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #