

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046982

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: DIGITAL SUPPORT SOLUTIONS, INC.

## Current Principal Place of Business:

7131 SW 5TH CT.  
PEMBROKE PINES, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

7131 SW 5TH CT.  
PEMBROKE PINES, FL 33023

## New Mailing Address:

FEI Number: 55-0859696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARGAS, SALVADOR  
7131 SW 5TH CT.  
PEMBROKE PINES, FL 33023 US

## Name and Address of New Registered Agent:

MIKE'S TAX & ACCOUNTING, INC.  
269 N. UNIVERSITY DRIVE  
SUITE I  
PEMBROKE PINES, FL 33024 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: RABINDRA MAHADEO

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VARGAS, SALVADOR  
Address: 7131 SW 5TH CT.  
City-St-Zip: PEMBROKE PINES, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: VARGAS, SALVADOR  
Address: 7131 SW 5TH CT.  
City-St-Zip: PEMBROKE PINES, FL 33023

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: SALVADOR VARGAS

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date