



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90438 019 ***150.00

DOCUMENT # P04000064360 1. Entity Name DSI HOLDINGS, INC.					
Principal Place of Business 800 W CYPRESS CREEK RD CYPRESS CREEK TOWER SUITE 470 FT LAUDERDALE, FL 33309			Mailing Address 800 W CYPRESS CREEK RD CYPRESS CREEK TOWER SUITE 470 FT LAUDERDALE, FL 33309		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66019355 	
4. FEI Number 55-0883079				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W CYPRESS CREEK RD CYPRESS CREEK TOWER SUITE 470 FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SAFINA, JOSEPH 800 W CYPRESS CREEK RD SUITE 470 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
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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: <u>Joseph Safina JOSEPH SAFINA, D</u> 1/27/05 954-493-8900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					