## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000095650

Entity Name: DBS DISTRIBUTORS, INC.

SCHWARTZ, MAYAN

16170 RIO DEL PAZ

DELRAY BEACH, FL 33446

Name:

Address:

City-St-Zip:

FILED Jan 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16170 RIO DEL PAZ DELRAY BEACH, FL 33446 **Current Mailing Address: New Mailing Address:** 16170 RIO DEL PAZ DELRAY BEACH, FL 33446 FEI Number: 20-1318892 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: BLOCH, STUART E BLOCH, MINERLEY & FEIN, P.L. 980 N. FED. HIGHWAY, SUITE 412 BOCA RATON, FL 33432 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 (X). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DENG, DAN Name: Name: 16170 RIO DEL PAZ Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: Title: () Delete () Change () Addition BALDWIN, KENNETH Name: Name: 16170 RIO DEL PAZ Address: Address: DELRAY BEACH, FL 33446 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SCHWARTZ, ISRAEL Name: Name: 16170 RIO DEL PAZ Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ISRAEL SCHWARTZ TRES 01/19/2005