

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000111586**

1. Entity Name  
**DSQUARED, INC.**



Principal Place of Business  
**620 NE 28TH STREET #204  
WILTON MANORS, FL 33334**

Mailing Address  
**620 NE 28TH STREET #204  
WILTON MANORS, FL 33334**



03242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1497100**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LAURENCE, DAVID  
620 NE 28TH STREET #204  
WILTON MANORS, FL 33334**

**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LAURENCE, DAVID 620 NE 28TH STREET #204 WILTON MANORS, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D ASHTON, DAVID 3290 CLAIRMONT NORTH NE ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAURENCE, DAVID 620 NE 28TH STREET #204 WILTON MANORS, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ASHTON, DAVID 3290 CLAIRMONT NORTH NE ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/07-80067-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*David Laurence* **DAVID LAURENCE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/2007** **(954) 561-5315**

Date

Daytime Phone #