

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2006 8:00 am x1
Secretary of State

04-10-2006 90332 027 ***150.00

DOCUMENT #	P04000116019
1. Entity Name	
DSS CONSTRUCTION INC.	

DO NOT WRITE IN THIS SPACE

50010548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 883 FLAMANGO CT W Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33406	Country	Zip	Country
4. FEI Number 74-3124836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DAVID SUAREZ	
Street Address (P.O. Box Number is Not Acceptable) 883 FLAMANGO CT W	
City WEST PALM BEACH, FL	Zip Code 33406

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)

3/14/06
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID SUAREZ 883 FLAMANGO CT W WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIANA SUAREZ 883 FLAMANGO CT W WEST PALM BEACH, FL 33406
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 561-248-1234
Date Daytime Phone #