


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 021 ***155.00

DOCUMENT # P04000132933 1. Entity Name FDS DEVELOPMENT & INVESTMENTS, INC.			
Principal Place of Business 15021 S BISCAYNE RIVER DR MIAMI FL 33168		Mailing Address 15021 S BISCAYNE RIVER DR MIAMI FL 33168	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FILINGS INC 3732 NW 16TH STREET FT LAUDERDALE FL 33311		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: <i>Donald Spann</i> DONALD SPANN <i>Donald Spann</i> 3-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering). DATE</small>			
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	P SPANN, DONALD 15021 S BISCAYNE RIVER DR MIAMI FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAY, KENNETH 15021 S BISCAYNE RIVER DR MIAMI FL 33168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Donald Spann</i> DONALD SPANN		3-4-08 305 769-1335 Date Daytime Phone #	