

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90392 002 ***150.00

40073530



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1772179 Applied For Not Applicable

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

DOCUMENT # P04000137949

1. Entity Name
DS 3202/3511, INC.



Principal Place of Business
C/O BORIS ROSEN, CPA
150 S.E. 2ND AVENUE, SUITE 1200
MIAMI, FL 33131

Mailing Address
C/O BORIS ROSEN, CPA
150 S.E. 2ND AVENUE, SUITE 1200
MIAMI, FL 33131

2. Principal Place of Business
1001 BRICKELL BAY DRIVE
Suite, Apt. #, etc.
STE 1400

3. Mailing Address
1001 BRICKELL BAY DRIVE
Suite, Apt. #, etc.
STE 1400

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

6. Name and Address of Current Registered Agent
MULLIN, TERRANCE J
150 S.E. 2ND AVENUE
SUITE 1201
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
ROSEN, BORIS
Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE STE 1400
City
MIAMI FL Zip Code
33131

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]* DATE *4/24/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PRES GUILLAMOT, ANDRES 150 SE 2ND AVENUE SUITE 1200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GUILLAMOT, ANDRES 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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: *[Signature]* **ANDRES GUILLAMOT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-24-06* 305 374-2001
Daytime Phone #