

2007 FOR PROFIT CORPORATION ANNUAL REPORT

- Ke

FILED

May 04, 2007 8:00 am
Secretary of State

05-03-2007 90051 026 ***150.00

DOCUMENT # P06000061176 1. Entity Name DESIGNERS SERVICE BUREAU, INC.					
Principal Place of Business C/O LEE MILICH P.A. 100 W CYPRESS CREEK RD STE 935 FT LAUDERDALE, FL 33309			Mailing Address C/O LEE MILICH P.A. 100 W CYPRESS CREEK RD STE 935 FT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 15951 SW 41 STREET		3. Mailing Address 15951 SW 41 STREET			
Suite, Apt. #, etc. # 200		Suite, Apt. #, etc. # 200			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		4. FEI Number 02-0776649	
Zip 33331		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILICH, LEE 100 W CYPRESS CREEK RD STE 935 FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name STEVEN MARTIN Street Address (P.O. Box Number is Not Acceptable) 644 SAND CREEK CIRCLE City WESTON, FL 33327 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 STEVEN MARTIN PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input 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	D <input type="checkbox"/> Delete MARTIN, BUDDY 100 W CYPRESS CREEK RD STE 935 FT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIN, BUDDY 17315 NORTHWAY CIRCLE BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTIN, STEVEN 100 W CYPRESS CREEK RD STE 935 FT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIN, STEVEN 644 SAND CREEK CIRCLE WESTON, FL 33327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTIN, DOROTHY 17315 NORTHWAY CIRCLE BOCA RATON, FL 33496		
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		
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:		STEVEN MARTIN		Date (954) 385-6696	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

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DESIGNERS SERVICE BUREAU, INC.

741 FLORIDA DEPARTMENT OF STATE
2007 Report 01/25/07

150.00

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741 04/16/07

*****150.00

**ATTACHMENT**
Division of Corporations 66013129**Annual Report****Annual Report Help**

Document Number

P06000061176

Business Entity Name

DESIGNERS SERVICE BUREAU, INC.

FEI Number

020776649

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

C/O LEE MILICH P.A.

Suite, Apt. #, etc.

100 W CYPRESS CREEK RD STE 935

City, State

FT LAUDERDALE

, FL

Zip Code & Country 33309

Mailing Address

Address

C/O LEE MILICH P.A.

Suite, Apt. #, etc.

100 W CYPRESS CREEK RD STE 935

City, State

FT LAUDERDALE

, FL

Zip Code & Country 33309

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

MILICH

LEE

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

100 W CYPRESS CREEK RD STE 935

Suite, Apt. #, etc.

City, State

FT LAUDERDALE

, FL

Zip Code & Country

33309

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D
Name (Last, First, Middle, Title) MARTIN, BUDDY
- OR -
Entity Name to serve as Officer/Director
Street Address 100 W CYPRESS CREEK RD STE 935
City, State FT LAUDERDALE, FL
Zip Code & Country 33309

Title D
Name (Last, First, Middle, Title) MARTIN, STEVEN
- OR -
Entity Name to serve as Officer/Director
Street Address 100 W CYPRESS CREEK RD STE 935
City, State FT LAUDERDALE, FL
Zip Code & Country 33309

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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