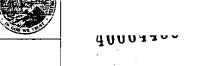
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000062564 1. Entity Name DOCUMENT SOLUTIONS EQUIPMENT, INC. Principal Place of Business 4670 LINKS VILLAGE DRIVE A402 PONCE INLET, FL 32127 US

## FILED Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90031 034 \*\*\*150.00



## DO NOT WRITE IN THIS SPACE

012008	No Cha-P	CR2E034 /11	1/05)

5. Certificate of Status Desired 

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUTA, ENRICO
134 STONEHILL DRIVE

MAITLAND, FL 32751

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

:					THIS STAGE		
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	applicable. (NOTE: Registered	d Agent signatur	e required when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTA, ENRICO 134 STONEHILL DRIVE MAITLAND, FL 32751						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
indicated	d on this report or supplemental report is true a	and accurate and that my signar	ture shall ha	ve the same legal effe	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if		

4/3/08

Daytime Phone #