2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021169

Entity Name: DCS AMERICAS, INC

FILED Apr 20, 2009 Secretary of State

Current Pri	incipal Place of Business:	New Principal Place of Business:			
	6TH STREET		8671 NW 56TH STREET		
A37 DORAL, FL 33166 US		SUITE A37 DORAL, FL 33166 US			
Current Mailing Address:		New Mailing Address:			
			8671 NW 56TH STREET		
A37 DORAL, FL 33166 US		SUITE A37 DORAL, FL	SUITE A37 DORAL, FL 33166 US		
FEI Number:		mber Not Applica		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DUVEKOT CORPORATION 8671 NW 56TH STREET DORAL, FL 33166 US 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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete MIRANDA, LUIZ 8671 NW 56TH STREET A37 DORAL, FL 33166 US	Name: Name: 8	MIRANDA, LUIZ	Change () Addition STREET SUITE A37 66 US	
Title: Name: Address: City-St-Zip:	VP () Delete MIRANDA, LUIZ 8671 NW 56TH STREET A37 DORAL, FL 33166 US	Name: Name: Address: 8	MIRANDA, LUIZ	Change () Addition STREET SUITE A37 66 US	
Title: Name: Address: City-St-Zip:	D () Delete MIRANDA, LUIZ 8671 NW 56TH STREET A37 DORAL, FL 33166 US	Name: Name: 8	MIRANDA, LUIZ	Change () Addition STREET SUITE A37 66 US	
Title: Name: Address: City-St-Zip:	T (X) Delete MIRANDA, LUIZ 8671 NW 56TH STREET A37 DORAL, FL 33166 US	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	S (X) Delete MIRANDA, LUIZ 8671 NW 56TH STREET A37 DORAL, FL 33166 US	Title: Name: Address: City-St-Zip:	()(Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIZ MIRANDA P 04/20/2009