

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90032 007 ***158.75

DOCUMENT # **P07000052094**



1. Entity Name

D.S.'S ANTIQUES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

8220 S.W. 32st.

Suite, Apt. #, etc.

3. Mailing Address

8220 S.W. 32st.

Suite, Apt. #, etc.

40044470

CR2E034B (5/07)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

None

Applied For

☒ Not Applicable

Zip

33155

Country

U.S.A

Zip

33155

Country

U.S.A.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

David M. Schuh

Street Address (P.O. Box Number is Not Acceptable)

8220 S.W. 32st.

City

Miami

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Registered Agent
David M. Schuh
8220 S.W. 32st.
Mia, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
Bertha, Tillman
8220 S.W. 32st.
Mia, FL 33155**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David M. Schuh** **David M. Schuh** **3-7-08** **305-215-1908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *