

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90028 016 \*\*\*150.00

<b>DOCUMENT # P07000090862</b> 1. Entity Name <b>DIRECT INT'L SHOW, INC.</b>			
Principal Place of Business <b>4319 SW 96 AVE</b> <b>MIAMI, FL 33165</b>		Mailing Address <b>4319 SW 96 AVE</b> <b>MIAMI, FL 33165</b>	
2. Principal Place of Business - No P.O. Box # <b>4319 SW 96 AVE</b> Suite, Apt. #, etc. <b>MIAMI, FL 3</b> City & State <b>33165</b> Zip <b>33165</b>		3. Mailing Address <b>PO Box 558193</b> Suite, Apt. #, etc. <b>MIAMI</b> City & State <b>FLORIDA, MIAMI</b> Zip <b>33255</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>74-3229305</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DELGADO, AMANDA</b> <b>4319 SW 96 AVE</b> <b>MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <span style="float: right;">7/21/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DELGADO, LILIA 4319 SW 96 AVE MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT LILIA DELGADO 4319 SW 96 AVE MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DELGADO, AMANDA 4319 SW 96 AVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DELGADO AMANDA 4319 SW 96 AVE MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DELGADO, ANTHONY 4319 SW 96 AVE MIAMI, FL 33165 <input checked="" 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	T DELGADO, ROLANDO 4319 SW 96 AVE MIAMI, FL 33165 <input checked="" 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
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:		7/21/08 305-3007710 <small>Date Daytime Phone #</small>	

100045385

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## Sunbiz E-file Account Deposit Slip

☒ Please check this box if you have made changes to your account information.Check Number: 420 Check Amount: \$150.00Sunbiz E-file Account Number: PO7000090882Account Name: AMANDA DELGADOMailing Address: 4319 SW 96 AV.City: MIAMI State: FL Zip: 33165Phone: (305) 300-7710 Fax: ( ) -Contact Person: AMANDA DELGADOSignature: 

## \*\*\*Note\*\*\*

Make checks payable to: Florida Department of State

Each check for deposit must be a minimum of \$300.

A Sunbiz E-file Account deposit slip should accompany each check submitted.

**Mailing Address**Division of Corporations  
Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314**Courier Address**Division of Corporations  
Public Access Accounts  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301