

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90027 027 ***150.00

DOCUMENT # P07000096394

1. Entity Name

DESIGNER SERVICES OF ORLANDO INC.



Principal Place of Business

2579 N FORSYTH RD.
ORLANDO FL 32807

Mailing Address

2579 N FORSYTH RD.
ORLANDO FL 32807



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

2579 N FORSYTH RD

Suite, Apt. #, etc.

City & State
ORLANDO

Zip
32807

Country

ORANGE

3. Mailing Address

2579 N FORSYTH RD

Suite, Apt. #, etc.

City & State
ORLANDO

Zip

32807

Country

ORANGE

1st MOORE

CR2E034 (10/07)

4. FEI Number

41-225-1446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, RANDOLPH
1514 PARK MANOR DR.
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name
RANDOLPH MELENDEZ

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

1514 PARK MANOR DR.

City
ORLANDO

FL

Zip Code
32825

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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
P/D
MELENDEZ, RANDOLPH
1514 PARK MANOR DR.
ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/T
MELENDEZ, RANDOLPH
1514 PARK MANOR DR.
ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MELENDEZ, RANDOLPH
1514 PARK MANOR DR.
ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone