

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000119773

1. Entity Name
DBS TRAVEL SERVICES, INC.



FILED

08 SEP -3 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
426 NORTHEAST 13TH AVE.
FT. LAUDERDALE, FL 33301

Mailing Address
426 NORTHEAST 13TH AVE.
FT. LAUDERDALE, FL 33301



2. Principal Place of Business, No P.O. Box #
2014 NE 19th St

3. Mailing Address
2014 NE 19th St

Suite, Apt. #, etc.
App 3

Suite, Apt. #, etc.
App 3

City & State
FORT LAUDERDALE

City & State
FORT LAUDERDALE

Zip
33305

Country
FL

Zip
33305

Country
FL

09032008 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POHL, FRANK H
426 NORTHEAST 13TH AVE.
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name DR. HENRY W. ZSCHAU

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

2014 NE 19th St App 3

CITY FORT LAUDERDALE, FL Zip Code 33305

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: Dr. Henry W. Zschau DR. HENRY W. ZSCHAU 09/03/2008
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GOEKDAG, SERMET
STREET ADDRESS 426 NORTHEAST 13TH AVE.
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME GOEKDAG, SERMET
STREET ADDRESS 2014 NE 19th St App 3
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE VP ☐ Change ☒ Addition
NAME DR. HENRY W. ZSCHAU
STREET ADDRESS 2014 NE 19th St App 3
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE ☐ Change ☐ Addition
NAME 700135428767
STREET ADDRESS 09/05/08--01046--009 **950.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/2008

Date

Daytime Phone #