## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000045677

Entity Name: DCS SERVICES, INC.

FILED Jun 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

225 SOUTH OLIVE AVENUE 303 EVERNIA ST 200

WEST PALM BEACH, FL 33401

WEST PALM BEACH, FL 33401

**Current Mailing Address: New Mailing Address:** 

225 SOUTH OLIVE AVENUE 303 EVERNIA ST

WEST PALM BEACH, FL 33401 200

WEST PALM BEACH, FL 33401

FEI Number: 80-0194872 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORNDT, GREY G GORNDT, GREY G 225 SOUTH OLIVE AVENUE 303 EVERNIA ST

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 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: GREY GORNDT 06/22/2009

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GORNDT, GREY G GORNDT, GREY G Name: Name:

225 SOUTH OLIVE AVENUE 303 EVERNIA ST Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete Title: () Change () Addition

BARRIENTOS, WERNER Name: Name: 2061 RESTON CIRCLE Address: Address: ROYAL PALM BEACH, FL 33141 City-St-Zip: City-St-Zip:

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: GREY GORNDT PD 06/22/2009