

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000071622

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** DOCUMENT MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

4980 S.W. 52ND ST., #108  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4980 S.W. 52ND ST., #108  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 37-1588043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVILA, CARINA G  
4970 SW 52ND STREET  
314  
DAVIE, FL 33314 US

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

AVILA, CARINA G  
4980 SW 52ND STREET  
108  
DAVIE, FL 33314 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:** CARINA AVILA

Electronic Signature of Registered Agent

02/08/2011

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** AVILA, CARINA G  
**Address:** 4980 S.W. 52ND ST., #108  
**City-St-Zip:** DAVIE, FL 33314

I hereby 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 all other like empowered.

**SIGNATURE:** CARINA AVILA

Electronic Signature of Signing Officer or Director

PRES

02/08/2011

Date