

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90046 031 ***150.00

DOCUMENT # P93000048643

1. Entity Name
C.D.S. HOLDINGS I, INC.



Principal Place of Business

ONE SE THIRD AVENUE
SUITE 2920
MIAMI, FL 33131

Mailing Address

ONE SE THIRD AVENUE
SUITE 2920
MIAMI, FL 33131

00017044



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0431130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH, SUITE E
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 SERRA, CHRISTIANE M 15 ELM PLACE LONDON, ENGLAND SW7 3QJ,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SERRA, CHRISTIANE M 15 ELM PLACE LONDON, ENGLAND SW7 3QJ,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SERRA, CHRISTIANE M 15 ELM PLACE LONDON, ENGLAND SW7 3QJ,
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/06 305-538-0700