

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90048 030 \*\*\*150.00

**DOCUMENT # P94000005243**

1. Entity Name  
**DVS INTERNATIONAL, INC.**



Principal Place of Business

**7700 NW 79 PLACE  
UNIT D-2  
MIAMI, FL 33166 US**

Mailing Address

**7700 NW 79 PLACE  
UNIT D-2  
MIAMI, FL 33166 US**

**40021345**



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0466563**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SODERBERG, DORA V  
7700 NW 79 PLACE  
UNIT D-2  
MEDLEY, FL 33166**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SODERBERG, DORA V
STREET ADDRESS	7700 NW 79 PLACE, SUITE D-2
CITY - ST - ZIP	MEDLEY, FL 33166
TITLE	<i>VP SECRETARY</i>
NAME	ESPINOLA, MAYRA
STREET ADDRESS	7700 NW 79 PLACE, UNIT D-2
CITY - ST - ZIP	MEDLEY, FL 33166
TITLE	<i>V.P.</i>
NAME	<i>VICTOR ESPINOLA</i>
STREET ADDRESS	<i>7700 NW 79 PLACE STE D-2</i>
CITY - ST - ZIP	<i>MIAMI FL 33166</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

*Dora V Soderberg*  
DORA V SODERBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/07*  
Date

*305-593-1690*  
Daytime Phone #