


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000007843 1. Entity Name DISTRIBUTION MANAGEMENT SERVICES, INC.	
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Principal Place of Business 11601 BISCAYNE BLVD. SUITE 201 MIAMI, FL 33181	Mailing Address 11601 BISCAYNE BLVD. SUITE 201 MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE

07022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0574760	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENFIELD, LEO 11601 BISCAYNE BLVD. SUITE 201 MIAMI, FL 33181
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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 GREENFIELD, LEO 11601 BISCAYNE BLVD., STE. 201 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENFIELD, BARBARA 11601 BISCAYNE BLVD., STE. 201 MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ DE MENDOZA, MARIA E 11601 BISCAYNE BLVD., STE. 201 MIAMI, FL 33181
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leo Greenfield July 1, 05 305-8939270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #