


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000007843 1. Entity Name DISTRIBUTION MANAGEMENT SERVICES, INC.	
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FILED
Jun 30, 2008 08:00 AM
Secretary of State

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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06172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0574760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, LEO
11601 BISCAYNE BLVD.
SUITE 201
MIAMI, FL 33181

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/30/08-80001-024 150.00

**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: *Leo Greenfield Pres* *June 23, 08* *3058939270*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #