

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000007843

1. Entity Name
DISTRIBUTION MANAGEMENT SERVICES, INC.



Principal Place of Business
11601 BISCAYNE BLVD.
SUITE 201
MIAMI, FL 33181

Mailing Address
11601 BISCAYNE BLVD.
SUITE 201
MIAMI, FL 33181

FILED
Jun 30, 2008 08:00 AM
Secretary of State



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 ☐ \$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

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
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 P
NAME GREENFIELD, LEO
STREET ADDRESS 11601 BISCAYNE BLVD., STE. 201
CITY-ST-ZIP MIAMI, FL 33181

TITLE VP
NAME GREENFIELD, BARBARA
STREET ADDRESS 11601 BISCAYNE BLVD., STE. 201
CITY-ST-ZIP MIAMI, FL 33181

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000953463
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 23, 08 3058939270