

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90003 008 ***150.00

DOCUMENT # P95000045281



1. Entity Name
DIABETIC SUPPORT SYSTEMS, INC.

Principal Place of Business

2323 NE 26TH AVENUE
#103
POMPANO BEACH, FL 33062 US

Mailing Address

PO BOX 50167
LIGHTHOUSE POINT, FL 33074 US

54056743



2. Principal Place of Business

6486 S.E. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

6486 S.E. Federal Highway
Suite, Apt. #, etc.

05242004

Chg-P

CR2E034 (10/03)

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0589612

Applied For

Not Applicable

Zip

34997

Country

Martin

Zip

34997

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUALTIERI, MARK
2421 NE 34TH CT
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name **Gualtieri, Mark**

Street Address (P.O. Box Number is Not Acceptable)

6486 S.E. Federal Highway

City

Stuart

FL

Zip Code

34997

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 8, 2004

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** ☐ Delete
NAME **GUALTIERI, MARK**
STREET ADDRESS **2421 NW 34TH CT**
CITY-ST-ZIP **LIGHTHOUSE PT, FL 33064**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6486 S.E. Federal Highway**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #