

FILED
Jun 04, 2003 8:00 am
Secretary of State


05-05-2003 91865 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P95000078266

1. Entity Name
DEVELOPMENT & PRODUCTION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

55046124

2. Principal Place of Business
769 NE 73rd STREET

3. Mailing Address
769 NE 73rd STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-0612353** Applied For
 Not Applicable

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

Zip **33138** Country Zip **33138** Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **ELLIOT GELFAND**

Street Address (P.O. Box Number is Not Acceptable)
7400 S. DADELAND BLVD

SUITE 100

City **MIAMI** FL Zip Code **33156**

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 _____

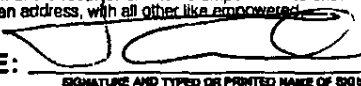
January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Florida Department of State

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	President Herman Valerius 769 NE 73rd Street Miami, Florida 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E0348 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Herman Valerius** Date **04/30/03** ~~04/25/03~~ Daytime Phone # **305 754-9896**