

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90318 014 \*\*\*150.00

**DOCUMENT # P96000014876**

1. Entity Name  
DVS ACCOUNTING SERVICE, INC.



Principal Place of Business

6844 SW 114 PL  
#B-59  
MIAMI, FL 33173

Mailing Address

6844 SW 114 PL  
#B-59  
MIAMI, FL 33173

**50037337**

2. Principal Place of Business

11363 SW 87 Terrace

3. Mailing Address

11363 SW 87 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0642414

Applied For

Not Applicable

Zip

33173

Country

Zip

33173

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARDER, DONALD P ESQUIRE -  
9400 S. DADELAND BLVD  
PENTHOUSE 5  
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME VICTOR, DONNA  
STREET ADDRESS 8075 S.W. 107TH AVENUE, #312  
CITY-ST-ZIP MIAMI, FL 33173

TITLE V ☐ Delete  
NAME STUDLEY, KENNETH L  
STREET ADDRESS 8075 SW 107 AVE #312  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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, only as an officer or director.

SIGNATURE:

*Kenneth L Studley*

Kenneth L Studley

4/14/05

954-374-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #