

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000021709

**FILED**  
**Nov 16, 2005**  
**Secretary of State**

**Entity Name:** DESTINATION SERVICES UNLIMITED, INC.

**Current Principal Place of Business:**

2152 NW 39 AVE  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

2643 ARCADIA DRIVE  
MIRAMAR, FL 33023

**Current Mailing Address:**

4799 COCONUT CREEK PARKWAY  
PMB 117  
COCONUT CREEK, FL 33063

**New Mailing Address:**

**FEI Number:** 65-0647085      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAW-CAMILLO, DEBRA  
2152 N.W. 39TH AVENUE  
COCONUT CREEK, FL 33066      US

**Name and Address of New Registered Agent:**

MARCUS, CONNIE  
2643 ARCADIA DRIVE  
MIRAMAR, FL 33023      US

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.

SIGNATURE: CONNIE MARCUS

11/16/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SHAW-CAMILLO, DEBRA  
Address: 2152 N.W. 39TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33066

Title: V      (X) Delete  
Name: MARCUS, CONNIE  
Address: 2643 ARCADIA DR.  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MARCUS, CONNIE  
Address: 2643 ARCADIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE MARCUS

PD

11/16/2005

Electronic Signature of Signing Officer or Director

Date