2006 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 09, 2006 08:00 AN **Secretary of State** DOCUMENT # P96000100072 1. Entity Name DSR INVESTMENTS, INC. Principal Place of Business Mailing Address ONE SE THIRD AVE #3050 ONE SE THIRD AVE #3050 MIAMI, FL 33131 US MIAMI, FL 33131 US 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0713020 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSENBERG, DONALD S DO NOT WRITE ONE SE THIRD AVE #3050 MIAMI, FL 33131 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, typed or printed name of registered agent and little if applicable INOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. П Added to Fees 10, OFFICERS AND DIRECTORS PSTO

THUE ROSENBERG, DONALD S NAME ONE SE THIRD AVE #3050 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME ROSENBERG, LORI E ONE SOUTHEAST THIRD AVE. ST 3050 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP T#T{E NAME STREET ADDRESS

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 frustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all gither fixed empowered?

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 3053582600