

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

5/5/2

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

05-05-2004 90210 018 ***150.00

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1. Entity Name

D.B.S. INTERNATIONAL, INC.



Principal Place of Business

5110 NW 2ND AVE
MIAMI, FL 33127

Mailing Address

5110 NW 2ND AVE
MIAMI, FL 33127



03182004

No Chg-P

CR2E034 (10/03)

4. FEI Number
65-0749679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORENO, CLAUDIA P
5110 NW 2ND AVE
MIAMI, FL 33127

**DO NOT WRITE
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:

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, 2004 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
NAME MORENO, CLAUDIA P
STREET ADDRESS 5110 NW 2ND AVE
CITY-ST-ZIP MIAMI, FL 33127

TITLE PD
NAME BUITRAGO, GERMAN
STREET ADDRESS 5110 NW 2ND AVE
CITY-ST-ZIP MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #