

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071310

FILED
Apr 29, 2004
Secretary of State

Entity Name: DIRECT EXPORT SERVICES, INC.

Current Principal Place of Business:

14340 NW 16 STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

4011 W. FLAGLER ST.
503
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-0857267 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEJIAS, PABLO
14340 NW 16 STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSORIO, FERNANDO
Address: 1988 ST JAMES CT
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: MAJIAS, PABLO
Address: 14340 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MEJIAS, PABLO
Address: 14340 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: PABLO MEJIAS

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date