

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90149 036 ***158.75

0232808 AV

DOCUMENT # P98000071310

1. Entity Name
DIRECT EXPORT SERVICES, INC.



Principal Place of Business
**1610 NW 128 DR. #102
SUNRISE FL 33323**

Mailing Address
**2968 SW 8TH STREET
MIAMI FL 33134**

11012665



2. Principal Place of Business
14340 NW 16 STREET
Suite, Apt. #, etc.

3. Mailing Address
4011 W. FLAGLER ST.
Suite, Apt. #, etc.
503

CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES FL.

City & State
MIAMI FL.

4. FEI Number **65-0857267**

Applied For
 Not Applicable

Zip **33028** Country **USA**

Zip **33134** Country **(Date) USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEJIAS, PABLO
1610 NW 128 DR. #102
SUNRISE FL 33323

Name **MEJIAS, PABLO**
Street Address (P.O. Box Number is Not Acceptable)
14340 NW 16 STREET
City **PEMBROKE PINES FL** Zip Code **33028**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	OSORIO, FERNANDO
STREET ADDRESS	1988 ST JAMES CT
CITY-ST-ZIP	OCOOE FL 34761
TITLE	D <input type="checkbox"/> Delete
NAME	MAJIAS, PABLO
STREET ADDRESS	1610 NW 128 DR. #202
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABLO MEJIAS
STREET ADDRESS	14340 NW 16 STREET
CITY-ST-ZIP	PEMBROKE PINES FL. 33028
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)