
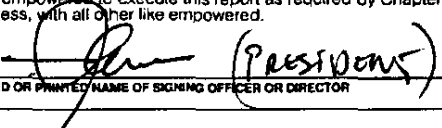


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-17-2004 90048 005 ***150.00

DOCUMENT # P98000102382 1. Entity Name 3D DESIGN SERVICES, INC.					
Principal Place of Business 3901 SOUTH OCEAN DRIVE BUILDING 3, SUITE 2H HOLLYWOOD FL 33019			Mailing Address 3901 SOUTH OCEAN DRIVE BUILDING 3, SUITE 2H HOLLYWOOD FL 33019		
2. Principal Place of Business Suite, Apt. #, etc. 26		3. Mailing Address Suite, Apt. #, etc. 26			
City & State 		City & State 		4. FEI Number NO-T APPLICABLE	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE V <input type="checkbox"/> Delete NAME VANDERLEM, RAYMOND J STREET ADDRESS 3901 SOUTH OCEAN DRIVE CITY-ST-ZIP HOLLYWOOD FL 33019			TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VANDERLEM, RAYMOND J STREET ADDRESS 3901 SOUTH OCEAN DRIVE - SUITE 26 CITY-ST-ZIP HOLLYWOOD FL 33019		
TITLE P <input type="checkbox"/> Delete NAME VANDERLEM, STANLEY STREET ADDRESS 16400 COLLINS AVENUE, SUITE 2544 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160			TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VANDERLEM, STANLEY STREET ADDRESS 7300 SW 5TH STREET CITY-ST-ZIP PLANTATION FL 33317		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VANDERSLUIS, MARJOLEIN STREET ADDRESS 3901 SOUTH OCEAN DRIVE - SUITE 26 CITY-ST-ZIP HOLLYWOOD FL 33019		
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 <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		
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:  (PRESIDENT) 2-23-2004 954 4554999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					