

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000106718

1. Entity Name
DESIGN STUDIO SERVICES, INC.



Principal Place of Business Mailing Address
13763 NW 20 STREET 13763 NW 20 STREET
PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33028 US

FILED
Mar 21, 2005 08:00 AM
Secretary of State



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0883441 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

BEKKERS, KAREN DIEN
13763 NW 20 STREET
PEMBROKE PINES, FL 33028-2616

**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, 2005 Fee will be \$550.00

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

U00000270563
03/21/05-80011-022 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BEKKERS, KAREN DIEN
STREET ADDRESS 13763 NW 20 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 330282616

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Karen Dien Bekkers KAREN DIEN BEKKERS 03/18/05 (954) 442-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #