


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90023 012 ***150.00

DOCUMENT # P99000060242 1. Entity Name DL MANAGEMENT SERVICES, INC.					
Principal Place of Business 4110 NW 92 TERRACE CORAL SPRINGS, FL 33065			Mailing Address 4110 NW 92 TERRACE CORAL SPRINGS, FL 33065		
2. Principal Place of Business 5035 NW 37 AVE Suite, Apt. #, etc.		3. Mailing Address 5035 NW 37 AVE Suite, Apt. #, etc.			
City & State FT. LAUDERDALE FL Zip 33309 Country US		City & State FT. LAUDERDALE FL Zip 33309 Country US		4. FEI Number 65-0931470 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SICILIA, RON 4110 NW 92 TERRACE CORAL SPRINGS, FL 33065					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5035 NW 37 AVE City FT. LAUDERDALE State FL Zip Code 33309				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
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