

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90125 007 ***150.00

DOCUMENT # P99000107908

1. Entity Name

B D S INVESTMENTS, INC.



Principal Place of Business

1975 E SUNRISE BLVD
802
FORT LAUDERDALE FL 33304

Mailing Address

1975 E SUNRISE BLVD
802
FORT LAUDERDALE FL 33304



2. Principal Place of Business

BDS INVESTMENTS, INC.
3333 W. Commercial Blvd., #113
Ft. Lauderdale, FL 33309

3. Mailing Address

BDS INVESTMENTS, INC.
Suite 113
3333 W. Commercial Blvd., #113
Ft. Lauderdale, FL 33309

1st MOORE

CR2E034 (10/05)

City & State	City & State	4. FEI Number	Applied For
		65-0987037	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESTIGE ACCOUNTING
3600 N SR 7 #200 E
LAUDERDALE LAKES FL 33309

Name **DAVE JOHN CPA**
Street Address (P.O. Box Number is Not Acceptable)
4000 N. STATE RD 7 #402
Ft. Lauderdale **FL** Zip Code **33319**

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, 2006 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	DPTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, WADE A	NAME	
STREET ADDRESS	1975 E. SUNRISE BLVD. #802	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 W. COMMERCIAL BLVD	NAME	
STREET ADDRESS	#113	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/15/06 954-5214