2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # S67733

1. Entity Name
DSZ CORPORATION, INC.

Principal Place of Business	Mailing Address
10748 N SARASOTA DR COOPER CITY, FL 33026	10748 N SARASOTA DR COOPER CITY, FL 33026

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0273442
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIN CARL D.
10748 N. SARASOTA DRIVE
COOPER CITY, FL 33026

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIN, CARL
STREET ADDRESS	10748 N. SARASOTA DRIVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	D
NAME	ZUBRIK, NADJA
STREET ADDRESS	10748 N. SARASOTA DRIVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	D
NAME	ZUBRIK, ALFONZ
STREET ADDRESS	10748 N. SARASOTA DRIVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	VD
NAME	SKRABUT, PAUL
STREET ADDRESS	10748 N. SARASOTA DRIVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	ST
NAME	DAVIN, LISA
STREET ADDRESS	10748 N. SARASOTA DRIVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000228271
02/14/05-80034-002 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 2/10/05 9544380299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #