


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90042 024 ***150.00

DOCUMENT # P0000036072

1. Entity Name
MONICA QUIRCH DESIGN, INC.



Principal Place of Business
C/O A F ALONTADO & ASSOC
1149 SW 27TH AVE SUITE 203
MIAMI, FL 33135 US

Mailing Address
C/O A F ALONTADO & ASSOC
1149 SW 27TH AVE SUITE 203
MIAMI, FL 33135 US

40007249



2. Principal Place of Business
9400 South Dadeland Blvd.

3. Mailing Address
9400 South Dadeland Blvd

Suite, Apt. #, etc.
Suite 601

Suite, Apt. #, etc.
Suite 601

01122005 Chg-P CR2E034 (10/03)

City & State
Miami, Fl

City & State
Miami, Fl

4. FEI Number
65-0997279

Applied For
 Not Applicable

Zip
33156

Country

Zip
33156

Country

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET, #200
MIAMI BEACH, FL 33139

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 re-registering) 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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	QUIRCH, MONICA R	
STREET ADDRESS	420 TIVOLI AVE	
CITY - ST - ZIP	CORAL GABLES, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MONICA QUIRCH **MONICA QUIRCH** **1/24/05** **305.861.5816**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #