


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90025 025 ***150.00

DOCUMENT # P02000111914

1. Entity Name
TRIAL BY DESIGN, INC.



Principal Place of Business Mailing Address
4013 NW 79 AVE. **4013 NW 79 AVE.**
MIAMI FL 33166 **MIAMI FL 33166**

34033126



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

04-3734401 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIPKA, LISA A
4013 NW 79 AVE.
MIAMI FL 33166

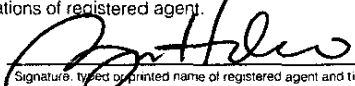
7. Name and Address of New Registered Agent

Name **MYRNA HOLASO**

Street Address (P.O. Box Number is Not Acceptable)
4013 NW 79 AVENUE

City **Miami** FL Zip Code **33166**

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 **4-11-04**

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, 2004 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPIPKA, LISA A	
STREET ADDRESS	4520 S.W. 68 CT. CR. #8	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CABALLERO, DANNY	
STREET ADDRESS	5355S.W. 133 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	P	<input type="checkbox"/> Delete
NAME	MYRNA HOLASO	
STREET ADDRESS	4013 NW 3801 S. OCEAN DR. #12-0	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LISA SPIPKA	
STREET ADDRESS	3801 S. OCEAN DR. #12-0	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANNY CABALLERO	
STREET ADDRESS	5355 S.W. 133 COURT	
CITY-ST-ZIP	MIAMI, FL 33175	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  **MYRNA HOLASO** DATE **4-11-04** (305) 477-5737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #