
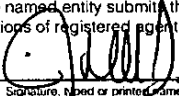
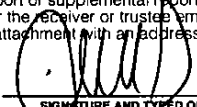


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90129 007 ***150.00

DOCUMENT # P03000076771			
1. Entity Name CON DESIGN CORP.			
Principal Place of Business 7925 NW 12TH STREET STE 407 MIAMI, FL 33126		Mailing Address 7925 NW 12TH STREET STE 407 MIAMI, FL 33126	
2. Principal Place of Business 10 SW South River DR. Suite, Apt. #, etc. #1108		3. Mailing Address 10 SW South River DR. Suite, Apt. #, etc. #1108	
City & State Miami, FL		City & State Miami, FL	
Zip 33130	Country USA	Zip 33130	Country USA
6. Name and Address of Current Registered Agent URIBE C., OSCAR M. 7925 NW 12TH STREET STE 407 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name OSCAR M. URIBE Street Address (P.O. Box Number is Not Acceptable) 10 SW South River Drive Suite 1108 City Miami FL Zip Code 33130	
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 5/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV URIBE C., OSCAR M 7925 NW 12TH STREET STE 407 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV URIBE, OSCAR M. 10 SW South River DR, #1108 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 5/1/05 <small>Signature and typed or printed name of signing officer or director</small>			

ATTACHMENT

40081344

May 1, 2005

#P03000076771

Oscar M. Uribe
Con Design Corp.
10 SW South River Drive, Suite 1108
Miami, FL 33130

To: Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Annual Report Renewal for 2005

To whom it may concern,

I am submitting my annual report renewal today, because I never received the form to either download by computer or request the form by mail from my previous accountant, who's address was on the initial registration of my corporation: Con Design Corp.

I went to another person to have my taxes done today, and he asked if I had filed my annual report, and I said I did not receive any notification or a request for a check for the \$150.00 from my previous accountant. I am now changing the address for all of the paperwork and records to reflect my home address, with this renewal. I made several phone calls, for the past two or three months and never was able to reach my previous accountant. Because of this mix up, I am asking your office to waive the penalty of \$400.00 for filing the annual report, and accept the payment along with the corrections, on the enclosed 2005 annual report renewal form.

Sincerely,


Oscar M. Uribe, President