

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90071 003 \*\*\*150.00

**DOCUMENT # P03000125024**

1. Entity Name  
 SUZANNE GUASCH DESIGNS, INC.



Principal Place of Business

5805 BLUE LAGOON D.R.  
 410  
 MIAMI, FL 33126

Mailing Address

5805 BLUE LAGOON D.R.  
 410  
 MIAMI, FL 33126

**50027699**



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-0743990 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GUASCH, SUZANNE  
 801 BRICKELL KEY DR #1612  
 MIAMI, FL 33131

**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

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, 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 PT  
 NAME GUASCH, SUZANNE  
 STREET ADDRESS 801 BRICKELL KEY DR #1612  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE VPS  
 NAME PEREZ-ABREU, EMELINA  
 STREET ADDRESS 540 BRICKELL KEY DRIVE #1224  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

305-979-6606

Daytime Phone #