

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000131821

1. Entity Name
DESIGN XS3, INCORPORATED



Principal Place of Business

**13375 SW 128 ST.
110A
MIAMI, FL 33186 US**

Mailing Address

**13375 SW 128 ST.
110A
MIAMI, FL 33186 US**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0711971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, ALBERT F
10201 SZW 108TH STREET
MIAMI, FL 33176**

**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

**U000000183036
01/19/05-80052-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, ALBERT F
STREET ADDRESS	10201 SW 108TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	PEREZ, LIDA R
STREET ADDRESS	10201 SW 108TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

1/14/05

Date

305-254-7575

Daytime Phone #