


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
4 May 26, 2005 8:00 am
Secretary of State

04-29-2005 90283 050 ***150.00

DOCUMENT # P97000047900			
1. Entity Name 3D-TECH. DESIGN TECHNOLOGY, CORP.			
Principal Place of Business 14160 SW 139 CT MIAMI, FL 33186 US		Mailing Address 14160 SW 139 CT MIAMI, FL 33186 US	
2. Principal Place of Business 14166 SW 139 CT. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33186	Country	Zip	Country
6. Name and Address of Current Registered Agent FABBRIO, ALDO 11927 SW 102 Terrace MIAMI FL 33186		7. Name and Address of New Registered Agent Name ALDO FABBRIO Street Address (P.O. Box Number is Not Acceptable) 14166 SW 139 CT. City MIAMI FL Zip Code 33186	
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: <u>X</u> (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. <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	P FABBRIO, ALDO 11927 SW 102 Terr. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDO FABBRIO 11927 SW 102ND Terrace MIAMI, FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRI, ALDO 16802 SW 450 CT-- MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALDO FABBRIO 11927 SW 102ND TERRACE MIAMI FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 amendments.			
SIGNATURE: <u>X</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

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04192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0758598 Applied For Not Applicable

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