

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072429

Entity Name: SVT DESIGNS, INC.

FILED  
Jan 05, 2004  
Secretary of State

## Current Principal Place of Business:

3403 MAIN HWY.  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

3403 MAIN HWY.  
COCONUT GROVE, FL 33133

## New Mailing Address:

FEI Number: 65-0942762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RESTREPO, DIEGO  
547 MAJORCA AVE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TCHERASSI, SILVIA  
Address: 1450 SE BRICKELL BAY DR #410  
City-St-Zip: MIAMI, FL 33131

Title: VD ( ) Delete  
Name: TCHERASSI, VERA  
Address: 1450 SE BRICKELL BAY DR #410  
City-St-Zip: MIAMI, FL 33131

Title: VDST ( ) Delete  
Name: TCHERASSI, MARIA L  
Address: 3403 MAIN HWY  
City-St-Zip: COCONIT GROVE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: TCHERASSI, MARIA L  
Address: 3403 MAIN HWY  
City-St-Zip: COCONIT GROVE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LUCIA TCHERASSI

D

01/05/2004

Electronic Signature of Signing Officer or Director

Date