

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072429

FILED  
Mar 19, 2011  
Secretary of State

Entity Name: SVT DESIGNS, INC.

**Current Principal Place of Business:**

4101 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

4101 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 US

**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:**

INTERNATIONAL CORPORATE SERVICE INC.  
2600 S. DOUGLAS ROAD  
SUITE 1000  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TCHERASSI, SILVIA  
Address: 4101 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD  
Name: TCHERASSI, VERA  
Address: 4101 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33146

Title: DST  
Name: TCHERASSI, MARIA L  
Address: 4101 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: SILVIA TCHERASSI

PD

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date