

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V16886

Entity Name: ZUBILLAGA DESIGN, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

3191 CORAL WAY
201
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3191 CORAL WAY
201
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0315134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUBILLAGA, JUAN
462 WOODCREST RD
KEY BISCAYNE, FL 33149 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: P () Delete
Name: ZUBILLAGA, JUAN,
Address: 462 WOODCREST RD.
City-St-Zip: KEY BISCAYNE, FL

Title: VP () Delete
Name: ZUBILLAGA, MARTA
Address: 4080 BARBARUSSA AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZUBILLAGA, JUAN,
Address: 462 WOODCREST RD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Change () Addition
Name: ZUBILLAGA, MARTA
Address: 701 FERNWOOD RD.
City-St-Zip: KEY BISCAYNE, FL 33149

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: JUAN ZUBILLAGA

P

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date