## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**FILED** May 03, 2007 8:00 am Secretary of State

DOCUMENT # P04000015391  1. Entity Name A & I DESIGN INC						05-03-200	7 90027 03	9 ****13	50.00
Principal Place of Business 4280 SW 4TH STREET MIAMI, FL 33134		Mailing Address 4280 SW 4TH STREET MIAMI, FL 33134							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite. Apt. #, etc.		Suite, Apt. #, etc.		04292007	Chg-P	CR2E034	4 (12/06)		
City & State		City & State		4. FEI Numb 20-065			- ⊢-	oplied For ot Applicable	
Zip	Country Zip Cou		Coun	try	5. Certificate	of Status Desired		8.75 Add se Require	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New I	Registered Ag	ent	
RODRIGUEZ, ALEJANDRO 4280 SW 4TH STREET MIAMI, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e
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   Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
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	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con	aign Finar		\$5.00 May Be Added to Fees				
	officers and	.00 Trust Fund Con	aign Finar	ncing _	\$5.00 May Be Added to Fees	CHANGES TO OF		DIRECTORS	S IN 11
10.	OFFICERS AND	.00 Trust Fund Con	aign Finar tribution.	ncing	\$5.00 May Be Added to Fees	CHANGES TO OF	FICERS AND D	DIRECTORS  Change	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Viquez 4/30/07 Date