


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 567686**  
 1. Entity Name  
**MICHAEL WIRTZ DESIGNER, INC.**



Principal Place of Business  
**345 W PALMETTO PARK ROAD  
 BOCA RATON, FL 33432**

Mailing Address  
**345 W PALMETTO PARK ROAD  
 BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1812870**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WIRTZ, MICHAEL  
 345 W PALMETTO PARK RD  
 1900 CORPORATE BLVD.  
 BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

UN0000856582  
 03/28/08-90017-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WIRTZ, MICHAEL H.
STREET ADDRESS	345 W PALMETTO PR RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Michael Wirtz, Pres **2.25.2008** <sup>954</sup> 428-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #