


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

7890  
**FILED**  
**JUL 16 2007 08:00 AM**  
**Secretary of State**  
CWA  
15000

<b>DOCUMENT # 620366</b> 1. Entity Name <b>IMPORT DESIGNERS LTD. CORP.</b>	
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Principal Place of Business <b>1585 NW 163 ST MIAMI, FL 33169</b>	Mailing Address <b>1585 NW 163 ST MIAMI, FL 33169</b>
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07102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1978926</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**COLICCHIO, FRANK J.  
1585 NW 163 ST  
MIAMI, FL 33169**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P COLICCHIO, FRANK J. 1585 NW 163RD ST MIAMI, FL</b>
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U00000768825  
07/16/07-80003-007 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/2007  
Date

305-624-8500  
Daytime Phone #