2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F99245  1. Entity Name WORKROOM FOR DESIGNERS, INC.					FILED 04 APR -8 AN 10:06			
Principal Place of Business 9600 NW 25TH STREET SUITE 6A MIAMI FL 33172		Mailing Address 9600 NW 25TH STREET SUITE 6A MIAMI FL 33172			X	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apr. #, etc.		Suite, Apt. #, etc.		03/19/04 90064 050 \$150.00				
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4.	EQ 2227E24		plied For Applicable -
Zip	Country  6. Name and Address of Current	Ζφ	Court	itry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	Name	7.	Name and Address of New Registered A	gent				
ALVAREZ, GASTON R. 835 SW 37TH AVENUE MIAMI FL 33127				Street Address	(P.O÷E	Box Number is Not Acceptable) =		ن . شو . پ بعدس
				City		FL	Zip Code	,
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 title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND		11.		Α[	DDITIONS/CHANGES TO OFFICERS AND		
ITILE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, GASTON R 835 SW 37TH AVE 102 MIAMI FL	Deleta		1			Change	Addition (
NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, WILFREDO R 149 NW 36TH ST MIAMI FL	☐ Delete		L L			Change .	☐ Addition
TITLE MAME STREET ADDRESS - CITY-ST-ZIP		□ Detete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STR	E			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1		-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	AE EET ADORESS V-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filling obes put quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliermental report is trive and activities and activities and supplier states and supplier states and that made under oath; that it am an officer or director of the corporation or the receiver by trustee empowered to expecte his 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:  BIGNATURE AND TYPED ON PRINTED PLANE OF PRINTED PLANE OF PRINTED AND EXECUTOR  Dayling Proof 9								