

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # H35886

1. Entity Name
DESIGN SPRINKLERS, INC.



Principal Place of Business
20530 LINKSVIEW DRIVE
BOCA RATON, FL 33434

Mailing Address
20530 LINKSVIEW DRIVE
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2473475

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

6. Name and Address of Current Registered Agent

ELIAS, MAX
20530 LINKSVIEW DRIVE
BOCA RATON, FL 33434

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

PD
ELIAS, MAX
20530 LINKSVIEW DRIVE
BOCA RATON, FL

STD
ELIAS, HOWARD
20530 LINKSVIEW DRIVE
BOCA RATON, FL

OFFICER
NAME
ADDRESS
CITY/STATE/ZIP

OFFICER
NAME
ADDRESS
CITY/STATE/ZIP

OFFICER
NAME
ADDRESS
CITY/STATE/ZIP

OFFICER
NAME
ADDRESS
CITY/STATE/ZIP

U00000522864
05/03/06-80049-018 150.00

**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

Date

Daytime Phone #

Max Elias **MAX ELIAS** **4/18/06** **561-997-6453**