

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90139 039 ***150.00

DOCUMENT # L23469
 1. Entity Name
 ROSANA FLEMING INTERIOR DESIGN, INC.



Principal Place of Business Mailing Address
 ROSANA FLEMING INT. DES. INC.
 14560 FITZPATRICK ROAD
 MIAMI FL 33014 ROSANA FLEMING INT. DES. INC.
 14560 FITZPATRICK ROAD
 MIAMI FL 33014



2. Principal Place of Business 3. Mailing Address
 701 CRANDON BLVD. 701 CRANDON BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 APT. 344 APT. 344

1st MOORE CR2E034 (10/04)

City & State City & State
 KEY BISCAIYNE, FL KEY BISCAIYNE, FL
 Zip Country Zip Country
 33149 USA 33149 USA

4. FEI Number Applied For
 65-0150265 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FLEMING, ROSANA
 14560 FITZPATRICK RD
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FLEMING, ROSANA	
STREET ADDRESS	14560 FITZPATRICK RD	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FLEMING, MARK W	
STREET ADDRESS	14560 FITZPATRICK RD	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	701 CRANDON BLVD. # 344	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	" "	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rosana Fleming 3-7-05 305 934-2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #