FILED
May 06, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L64764

1. Entity Name
DESIGN NUOVO, INC.

Principal Place of Business	Mailing Address
16731 HARBOR COURT FORT LAUDERDALE, FL 33326 US	16731 HARBOR COURT FORT LAUDERDALE, FL 33326 US

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Street Apt # etc	Street Apt # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0180400 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALLADARES, ADOLFREDO 16731 HARBOR COURT FORT LAUDERDALE, FL 33326	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 required if changing registered agent address or registered agent

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALLADARES, ADOLFREDO 16731 HARBOR COURT FORT LAUDERDALE, FL	☐ Delete	☐ Change ☐ Addition U00000157703 05/06/04-80039-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALLADARES, ANA MARIA 16731 HARBOR COURT FORT LAUDERDALE, FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this 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 I am aware of the penalties prescribed for knowingly making a false report to the Department of State.

SIGNATURE: ADOLFREDO VALLADARES, PRES, 4/27/04 (954) 384-9762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number