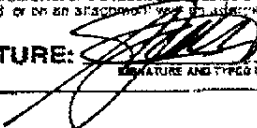


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L64764			
1. Entity Name DESIGN NUOVO, INC.			
Principal Place of Business 16731 HARBOR COURT FORT LAUDERDALE, FL 33326 US		Mailing Address 16731 HARBOR COURT FORT LAUDERDALE, FL 33326 US	
2. Principal Place of Business		3. Mailing Address	
4. State of Incorporation		5. State of Mailing	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VALLADARES, ADOLFREDO 16731 HARBOR COURT FORT LAUDERDALE, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City & State FL / Zip Code	
8. The above named entity certifies 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 of agent or person named as registered agent and fee is applicable. (If no registered agent designation is shown, then the fee is \$5.00.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Total Paid of Contributions ☐ \$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-STATE-ZIP	DP VALLADARES, ADOLFREDO 16731 HARBOR COURT FORT LAUDERDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 000000157703 05/06/04-80039-002 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S VALLADARES, ANA MARIA 16731 HARBOR COURT FORT LAUDERDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not result for the exemption stated in Section 199.07(3)(c), 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 199, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment hereto in addition with all officers (for employees).			
SIGNATURE: 		ADOLFREDO VALLADARES, PRES, 4/27/04 (954) 384-9762	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			