


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M16226 1. Entity Name BOB BIEDERMAN INTERIOR DESIGN, INC.			
Principal Place of Business C/O ROBERT BIEDERMAN 12651 SOUTH DIXIE HIGHWAY #336 MIAMI, FL 33156 US		Mailing Address C/O ROBERT BIEDERMAN 12651 SOUTH DIXIE HIGHWAY #336 MIAMI, FL 33156 US	
DO NOT WRITE IN THIS SPACE			
		02072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2536147	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BIEDERMAN, ROBERT 12651 SOUTH DIXIE HIGHWAY MIAMI, FL 33156		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000435327 02/25/06-80038-008 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	BIEDERMAN, ROBERT		
STREET ADDRESS	12651 S DIXIE HWY STE 336		
CITY-ST-ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u><i>Bob Biederman, Pres</i></u>		2/13/06 3052337740	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	
BOB BIEDERMAN, PRES			