


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 021 ***150.00

DOCUMENT # M35487

1. Entity Name
SPACIOS, A DESIGN GROUP INC.



Principal Place of Business
**7370 NW 36TH AVENUE
MIAMI, FL 33147 US**

Mailing Address
**7370 NW 36TH AVENUE
MIAMI, FL 33147 US**

40032056



2. Principal Place of Business - No P.O. Box #
3595 NW 74th Street

3. Mailing Address
3595 NW 74th Street

Suite, Apt. #, etc.

02222007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-2772736

Applied For
 Not Applicable

Zip
33147

Country
U.S.

Zip
33147

Country
U.S.

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

6. Name and Address of Current Registered Agent

**LOPEZ, DANIEL
7370 NW 36 AVE
MIAMI, FL 33147**

7. Name and Address of New Registered Agent

Name
LOPEZ, DANIEL

Street Address (P.O. Box Number is Not Acceptable)
3595 NW 74th Street

City
MIAMI

State
FL

Zip Code
33147

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 **2/22/07**

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, DANIEL	
STREET ADDRESS	7370 NW 36 AVE.	
CITY-ST-ZIP	MIAMI, FL 33147	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, Daniel	
STREET ADDRESS	3595 NW 74th Street	
CITY-ST-ZIP	MIAMI, FL 33147	
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		
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 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:  DATE **2/22/07** 305.696.1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #