2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90047 047 ***150.00

DOCUMENT # P00000001574

1. Entity Name
HANDS ON DESIGN, INC.

Principal Place of Business	Mailing Address
130 NE 40TH ST., #6 MIAMI, FL 33137	130 NE 40TH ST., #6 MIAMI, FL 33137

03302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1500 CLEVELAND RD		1500 CLEVELAND RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FL	
Zip: 33141	Country:	Zip: 33141	Country:

4. FEI Number: 65-0971025 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARMIENTO, MARIO CLAUDIA
1500 CLEVELAND RD
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name: SARMIENTO, MARIA CLAUDIA
Street Address (P.O. Box Number is Not Acceptable)
1500 CLEVELAND RD.
City: MIAMI BEACH,FL. FL Zip Code 33141

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SARMIENTO, MARIA CLAUDIA		NAME		
STREET ADDRESS	1500 CLEVELAND RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOLINA, ADRIANA		NAME		
STREET ADDRESS	1500 CLEVELAND RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X ADRIANA MOLINA, VP 03/287/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #