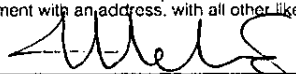


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 130 NE 40TH ST., #6 MIAMI, FL 33137			Mailing Address 130 NE 40TH ST., #6 MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box # 1500 CLEVELAND RD		3. Mailing Address 1500 CLEVELAND RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		4. FEI Number 65-0971025	
Zip 33141		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33141		Country		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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS SARMIENTO, MARIA CLAUDIA 1500 CLEVELAND RD MIAMI BEACH, FL 33141 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLINA, ADRIANA 1500 CLEVELAND RD MIAMI BEACH, FL 33141 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 03/28/07 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		