

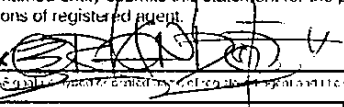



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90167 037 \*\*\*150.00

DOCUMENT # P00000005217					
1. Entity Name <b>COOL DESIGNS, INC.</b>					
Principal Place of Business <b>9920 NW 44 TERRACE SUITE 204 MIAMI, FL 33178</b>			Mailing Address <b>9920 NW 44 TERRACE SUITE 204 MIAMI, FL 33178</b>		
2. Principal Place of Business <b>8970 W FLAGLER ST</b>		3. Mailing Address <b>8970 W FLAGLER ST</b>			
Suite, Apt. #, etc. <b>202</b>		Suite, Apt. #, etc. <b>202</b>		03152005    Chg-P    CR2E034 (10/03)	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-0994106</b>	
Zip <b>33174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ORLANDO 10050 NW 44 TR #303 MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8970 W FLAGLER ST</b> <b># 202</b> City <b>MIAMI FL</b> Zip Code <b>33174</b>		
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: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD RODRIGUEZ, ORLANDO <del>9920 NW 44TH TERR., #204</del> <del>MIAMI, FL 33178</del> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8970 W FLAGLER ST # 202</b> <b>MIAMI FL 33174</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MAAL, JEANETTE <del>9920 NW 44TH TERR., #204</del> <del>MIAMI, FL 33178</del> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8970 W FLAGLER ST # 202</b> <b>MIAMI FL 33174</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Orlando Rodriguez</b>				3/15/2005    (303)    456-1992	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					