


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-01-2006 90018 029 ***150.00

DOCUMENT # P00000019659 1. Entity Name HIBO DESIGN: INTERIORS, INC.					
Principal Place of Business 3050 BISCAYNE BLVD SUITE 1003 MIAMI FL 33137			Mailing Address 3050 BISCAYNE BLVD SUITE 1003 MIAMI FL 33137		
2. Principal Place of Business 3050 BISCAYNE BLVD S-1003 Suite, Apt. #, etc. 1003			3. Mailing Address SAME. Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State		
Zip 33137		Country USA		Zip	
Country		4. FEI Number 65-0984685			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAHAM, LESLIE 363 WASHINGTON AVENUE, #3 MIAMI BEACH FL 33139			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Leslie Abraham</i></u> DATE <u>02-20-06</u> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	RESIDENT. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ABRAHAM, LESLIE	STREET ADDRESS 363 WASHINGTON AVENUE, #63		NAME	STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139			CITY-ST-ZIP		
TITLE FRANZISKA HITE - CREATIVE	3050 BISCAYNE BLVD. 1003 DIRECTOR		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FRANZISKA HITE	STREET ADDRESS 3050 BISCAYNE BLVD. 1003		NAME	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	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 Section 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>Leslie Abraham</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-20-06 3055714994 <small>Date Daytime Phone #</small>		