

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90041 004 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0984685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAHAM, LESLIE  
363 WASHINGTON AVENUE, #3  
MIAMI BEACH FL 33139

Name

FRANZISKA HINZE

Street Address (P.O. Box Number is Not Acceptable)

3050 Biscayne Blvd. 1003

MIAMI FL 33137

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

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**

**Make Check Payable to Florida Department of State**

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: P  
NAME: ABRAHAM, LESLIE  
STREET ADDRESS: 363 WASHINGTON AVENUE, #63  
CITY - ST - ZIP: MIAMI BEACH FL 33139  
☒ Delete

TITLE: CD  
NAME: HINZE, FRANZISKA  
STREET ADDRESS: 3050 BISCAYNE BLVD 1003  
CITY - ST - ZIP: MIAMI FL 33137  
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TITLE: HINZE, FRANZISKA  
NAME:   
STREET ADDRESS: 3050 Biscayne Blvd. 1003  
CITY - ST - ZIP: MIAMI, FL 33137  
☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.15.07

305.571.4994

Date

Daytime Phone #