## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

indicated on this report or supplemental of the corporation or the receiver or trust

changed, or on an attachment

SIGNATURE:

## Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # P00000019659** 04-14-2008 90047 034 \*\*\*150.00 HIBO DESIGN: INTERIORS, INC. Principal Place of Business Mailing Address 3050 BISCAYNE BLVD-SUFFE 1003 3050 BISCAYNE BLVD SUITE 1003 40067941 MIAMI, EL 33137 MIAMIL FL 33T37 2. Principal Place of Business - No P.O. Box # 760 NE 6944 STREET 3. Mailing Address 780 NE.69Hh.Street Suite, Apt. #, etc. Suite, Apt. #, etc 02262008 CR2E034 (12/06) Cha-P 1510 <u>₩₽</u> Ar City & State City & State 4. FEI Number Applied For MIMM 65-0984685 MAM Not Applicable Country 33138 Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HINZE, FRANZISTEA 3050 BISCAYNE BLVD. 1003 MIAMI BEACH, FL 33139 1210 City 1/AM1 8. The above named entity submits this state from 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 note of registered agent and title if ap (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS HINTE FRANZISKA TITLE Delete TITLE Change NAME HINZE, FRANZISTA NAME 780 NE 69th STREET # 1510 STREET ADDRESS 3050 BISCAYNE BLVD, 1003 STREET ADDRESS MIAMI, FL 33137 CITY-ST-7/P CITY-ST-ZIP ☐ Change □ Delete ☐ Addition TITLE TITLE HINZE, FRANZISKA NAME NAME STREET ADDRESS 3050 BISCAYNE BLVD 1003 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI, FL 33137 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

boort 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 e empowered to execute the preport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED