

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000049522

1. Entity Name  
FUENTES INTERIOR DESIGN, INC.



Principal Place of Business  
17721 SW 109TH AVE  
MIAMI, FL 33157

Mailing Address  
17721 SW 109TH AVE  
MIAMI, FL 33157



03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1072101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FUENTES, PABLO  
17721 SW 109TH AVE  
MIAMI, FL 33157

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IN THIS SPACE**

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE 3/24/04

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FUENTES, PABLO
STREET ADDRESS	17721 SW 109TH AVE
CITY - ST - ZIP	MIAMI, FL 33157

U00000101984  
04/02/04-80035-021 150.00

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IN THIS SPACE**

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/24/04  
Daytime Phone #