

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103900

Entity Name: MIAMI FOAM DESIGN, INC.

FILED  
Jan 18, 2008  
Secretary of State

## Current Principal Place of Business:

4375 NW 128 STREET  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

4375 NW 128 STREET  
OPA LOCKA, FL 33054

## New Mailing Address:

FEI Number: 65-1055715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOUZA, ANGELA M PD  
4375 NW 128 STREET  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOUZA, ANGELA M  
Address: 1915 NE 204 TERRACE  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete  
Name: SOUZA, RONI D  
Address: 1915 NE 204 TERRACE  
City-St-Zip: MIAMI, FL 33179

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA ( ) Change (X) Addition  
Name: SOUZA, ELISA M  
Address: 4375 NW 128TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: SPR ( ) Change (X) Addition  
Name: SOUZA, ANDRE M  
Address: 4375 NW 128TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE M SOUZA

SPR

01/18/2008

Electronic Signature of Signing Officer or Director

Date