2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI							
1. Entity Nam	MENT # P01000012 DESIGNMIAMI, INC.	997		FILED 06 APR 27 AM 10: 18			
Principal Plac 1632 PENNS MIAMI BEACH	LVANIA AVENUE 1632 PENNSYLVANIA AVENUE						
DO NOT WRITE IN THIS SPACE			CE	04132006 4. FEI Numb 65-108	No Chg-P		4 (11/05) Applied For Not Applicable
	6. Name and Address of Current F		5. Certificate	of Status Desired		8.75 Additional ee Required	
		DO NOT WRITE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
				.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND I PD ROBINS, CRAIG 1632 PENNSYLVANIA AVENUE MIAMI BEACH, FL 33139 VD GRETENSTEIN, STEVEN	DIRECTORS		व	00074 18/060101	1469	554
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1632 PENNSYLVANIA AVE. MIAMI, FL 33139	J675/8			N OT W		
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NAME STREET ADDRESS CITY-ST-ZIP				dia Ohaassa 14	O. Florida Otto dan	d for who are a saife	
12. Thereby certify that the information's upplied with this lifting does not qualify for the exemptions contained 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 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 frustee 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 within address, with all other like empowered.							
SIGNATURE: 4/17/06 305 Date Draw of Blowlind Officer OR Director Date Date) 53/-8700 yitime Phone #
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