


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F07000019993**

1. Entity Name  
**WINSOME DESIGNS, INC.**



Principal Place of Business <b>1190 NE 86TH STREET          MIAMI, FL 33138</b>	Mailing Address <b>1190 NE 86TH STREET          MIAMI, FL 33138</b>
--	--

**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1080775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**RAPID CORPORATE SUPPLIES, INC.  
 17100 NE 19TH AVENUE  
 NORTH MIAMI BEACH, FL 33162**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D	NAME BOLT, WINSOME
STREET ADDRESS 1190 NE 86TH STREET	CITY-ST-ZIP MIAMI, FL 33138
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

U00000773541  
 09/07/07-80002-025 150.00

12. I hereby certify that the information supplied with this filing 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 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: Winsome Bolt **WINSOME BOLT** 8/31/07 305-305-9141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #