

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


5/:

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90208 012 \*\*\*150.00

**DOCUMENT # P01000025591**

1. Entity Name  
**MASTER DESIGN ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**9056 GARLAND AVE**      **9056 GARLAND AVE**  
**SURFSIDE, FL 33154**      **SURFSIDE, FL 33154**

2. Principal Place of Business      3. Mailing Address  
**8315 North Miami Ave**      **8315 North Miami Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02062006    Chg-P    CR2E034 (11/05)

City & State      City & State  
**Miami FL**      **Miami FL**  
 Zip      Country      Zip      Country  
**33150**      **Dade**      **33150**      **Dade**

4. FEI Number      Applied For  
**59-3704717**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SALAZAR, NUBAR S**  
**9056 GARLAND AVE**  
**SURFSIDE, FL 33154**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	SALAZAR, NUBAR S	9056 GARLAND AVE	SURFSIDE, FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:             **06/19/06 (305)796-6065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #