2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 23, 2007 08:00 AN Secretary of State DOCUMENT # P01000026774 1. Entity Name DESIGN BY FERNANDEZ INC. Principal Place of Business Mailing Address 8517 FRANJO RD. 8517 FRANIO RD. MIAMI, FL 33189 MIAMI, FL 33189 CR2E034 (11/05) 08142007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1083966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FERNANDEZ, MERCEDES L 8517 FRANJO RD. IN THIS SPACE MIAMI, FL 33189 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) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE FERNANDEZ, WILLIAM N NAME STREET ADDRESS 8517 FRANJO RD. CITY-ST-ZIP MIAMI, FL 33189 U00000772602 TITLE 08/23/07-80001-017 150.00 FERNANDEZ, MERCEDES L NAME STREET-ADDRESS 8517 FRANJO RD. MIAMI, FL 33189 CITY-ST-ZIP TIME NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this tilling 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: HOLCEDES FORN ANDER BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP