


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90168 007 \*\*\*150.00

<b>DOCUMENT # P01000035105</b>	
1. Entity Name <b>DESIGNS &amp; SIGNS, INC.</b>	

Principal Place of Business <b>6801 NW 77TH AVE., STE 102 MIAMI, FL 33166</b>	Mailing Address <b>13800 SW 157TH TERR MIAMI, FL 33177</b>
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2. Principal Place of Business <b>13800 SW 157TH TERRACE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State <b>MIAMI FLORIDA</b>	City & State
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Zip <b>33177</b>	Country <b>USA</b>	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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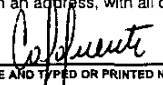
<b>RIOS, ELSA</b> <b>2800 GLADE CIRCLE SUITE E-102</b> <b>WESTON, FL 33327</b>	
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Name <b>RIOS, ELSA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>11904 MIRAMAR PARKWAY</b>	
City <b>MIRAMAR</b>	Zip Code <b>FL 33025</b>

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 <b>ELSA RIOS</b> 	DATE <b>4-20-06</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PINTO, JOEL</b> <b>13800 SW 157TH TERR</b> <b>MIAMI, FL 33177</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LAFUENTE, CAROLINA</b> <b>13800 SW 157TH TERR</b> <b>MIAMI, FL 33177</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
<b>SIGNATURE:</b> 	<b>4/20/06</b> <b>305-971-2393</b> Date Daytime Phone #