


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000042530**

1. Entity Name  
 NEW DEVELOPMENT DESIGN, INC.



Principal Place of Business      Mailing Address

5411 NW 179 TR      5411 NW 179 TR  
 MIAMI, FL 33055      MIAMI, FL 33055

**DO NOT WRITE IN THIS SPACE**



01242005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1078241      Not Applicable


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

6. Name and Address of Current Registered Agent

LUIS, DIAMEL  
 1735 WEST 60TH STREET; UNIT M-125  
 HIALEAH, FL 33012

**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       DATE 1-24-05

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                 |
|----------------|-----------------|
| TITLE          | D               |
| NAME           | LUIS, DANIEL    |
| STREET ADDRESS | 5411 NW 179 TR  |
| CITY-ST-ZIP    | MIAMI, FL 33055 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY-ST-ZIP    |                 |
| TITLE          |                 |
| NAME           |                 |
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| CITY-ST-ZIP    |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY-ST-ZIP    |                 |

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 03/02/05-80024-017 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:       Date 1-24-05      Daytime Phone #

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