


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 041 ***150.00

DOCUMENT # P01000064890

1. Entity Name
PERSONAL DESIGN GROUP CORPORATION



Principal Place of Business Mailing Address
329 ALESIO AVENUE **329 ALESIO AVENUE**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

40114608



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2335 SALZEDO ST **2335 SALZEDO ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 316 **SUITE 316**
 City & State City & State
CORAL GABLES, FL **CORAL GABLES, FL**
 Zip Country Zip Country
33134 **USA** **33134** **USA**

04212007 Chg-P CR2E034 (12/06)


4. FEI Number Applied For
52-2326427 Not Applicable

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

6. Name and Address of Current Registered Agent
ANCEWICZ, ALBERTO DANIEL
329 ALESIO AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name **ALBERTO D. ANCEWICZ**
 Street Address (P.O. Box Number is Not Acceptable)
2335 SALZEDO STREET
SUITE 316
 City **CORAL GABLES FL** Zip Code
33134

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.

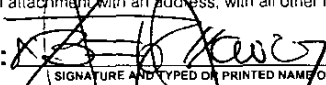
SIGNATURE  **ALBERTO D ANCEWICZ** **4/28/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANCEWICZ, ALBERTO D	NAME	
STREET ADDRESS	329 ALESIO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, MARIA C	NAME	
STREET ADDRESS	329 ALESIO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **ALBERTO D ANCEWICZ** **4/28/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #