


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90031 031 ***150.00

DOCUMENT # P01000064890	
1. Entity Name PERSONAL DESIGN GROUP CORPORATION	

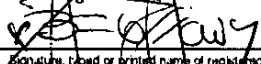
Principal Place of Business 2335 SLAZEDO ST MIAMI, FL 33134	Mailing Address 2335 SLAZEDO ST MIAMI, FL 33134
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2. Principal Place of Business - No P.O. Box # 75 VALENCIA AVENUE #705	3. Mailing Address 75 VALENCIA AVENUE #705
Suite, Apt. #, etc.	Suite, Apt. #, etc.

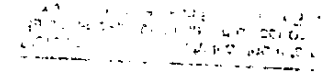
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	4. FEI Number 52-2326427	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country MIAMI-DADE	Zip 33134	Country MIAMI-DADE

6. Name and Address of Current Registered Agent ANCEWICZ ALBERTO D 2335 SALZEDO ST STE 316 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ANCEWICZ ALBERTO D Street Address (P.O. Box Number is Not Acceptable) 75 VALENCIA AVENUE, SUITE 705 City CORAL GABLES FL Zip Code 33134	
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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 **4/21/08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ANCEWICZ, ALBERTO D 329 ALESIO AVENUE CORAL GABLES, FL 33134 <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	VPS BARON, MARIA C 329 ALESIO AVENUE CORAL GABLES, FL 33134 <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.

SIGNATURE:  **ALBERTO ANCEWICZ** 4/21/08 305-444-3555

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

40102912



04212008 Chg-P CR2E034 (12/06)