FOR PROFIT CORPORATION UNIFORM BUSINESS REPÓRIM(UBR)

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UNIFORM BUSINESS REPORTE	(UBR)	·
DOCUMENT # PO1000075200		FILED
Design Stoterete, Inc.		02 DEC -2 AM 10: 19
		SECRETARY OF STATE TALLAHASSEELFLOOT
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Suite, Apt. #, etc. Suite, Apt. #, etc.		2 OF PHOT WRITE INTRIPREPACE
City & Spate aleak City & State aleak Hialea		4. FEI Number Applied For Not Applicable
33014 Dade EL 33014	BAde	5. Certificate of Status Desired \$8.75 Additional Fee Required
	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE	L tra	CO. Box Number is Not Acceptable) O. W. 7.9 S.T.
	City Hial	eah FL 33014
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.		
SIGNATURE Signature typed or printed name of registerer agent and tille if applicable. (NOTE: Registered Agent signature returned when reinstaling) DATE		
Tax filing requirement and elects to do so. After May 1; Amended I	/ 1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25 to Department of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contrit ution. Added to Fees
11. OFFICERS AND DIRECTORS		to a secretary design of the secretary
NAME P Francisco Rodriguez NAME P Francisco Rodriguez STREET ADDRESS 1810 W 79 St Hialeah, CITY-ST-ZIP FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12717/02-01096-0075**150:00
TITLE VIPMIQUE A RODRIGUEZ NAME VIPMIQUE A RODRIGUEZ STREET ADDRESS 1810 W 7957 Hialeah, CITY-ST-ZIP FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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3. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State Secretary Of State Division of Corporations Annual Report/Reinstatement Section P O Box 6327 Tallahassee, Fl 32314-6327

Dear Sir:

As per our telephone conversation we are enclosing you a money order for the amount of \$ 150.00 dollars.

Please be advised as mentioned on the phone, we have renewed our corporation every year on the year but this particular year '2002 we did not received the annual report., so, therefore we are pleading you to absolve the penalty charges.

Please if you have any question do not hesitate to contact us.

Design shoterete Inc.

Francisco Rodribuez.