


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90005 037 ***158.75

DOCUMENT # P01000078921 1. Entity Name MIRAGE DESIGN, INC.	
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Principal Place of Business 404 WESTBOROUGH LANE SAFETY HARBOR, FL 34695	Mailing Address 404 WESTBOROUGH LANE SAFETY HARBOR, FL 34695
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54055464

2. Principal Place of Business 3184 SAN PEDRO ST Suite, Apt. #, etc. CLEARWATER, FL City & State	3. Mailing Address 3184 SAN PEDRO ST Suite, Apt. #, etc. CLEARWATER, FL City & State
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05172004 Chg-P CR2E034 (10/03)

Zip 33759 Country PINELLAS	Zip 33759 Country PINELLAS
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4. FEI Number 59-0318234	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, MALGORZATA W 404 WESTBOROUGH LANE SAFETY HARBOR, FL 34695
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7. Name and Address of New Registered Agent Name WILLIAMS MALGORZATA W Street Address (P.O. Box Number is Not Acceptable) 3184 SAN PEDRO ST City CLEARWATER FL Zip Code 33759

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 _____
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MALGORZATA 404 WESTBOROUGH LANE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS MALGORZATA 3184 SAN PEDRO ST CLEARWATER, FL 33759 <input checked="" 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
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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 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: M. Williams 05/21/04 727-669-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #