


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90065 018 ***150.00

DOCUMENT # P01000080902 1. Entity Name RENAISSANCE DESIGN CENTER, INC.					
Principal Place of Business 661 NE 177TH STREET N. MIAMI BEACH, FL 33160			Mailing Address 661 NE 177TH STREET N. MIAMI BEACH, FL 33160		
2. Principal Place of Business 250 N. Federal Highway Suite, Apt. #, etc.		3. Mailing Address 250 N. Federal Highway Suite, Apt. #, etc.			
City & State Hallandale, FL Zip 33009 Country US		City & State Hallandale, FL Zip 33009 Country US		4. FEI Number 65-1130552 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SHITZ, DAVID 661 NE 177TH STREET N. MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name DAVID MAGEN Street Address (P.O. Box Number is Not Acceptable) 250 N. FEDERAL HIGHWAY City HALLANDALE FL Zip Code 33009		
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] DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHITZ, DAVID 661 NE 177TH STREET NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Magen 250 N. FEDERAL Highway HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHITZ, YOSEF 661 NE 177TH STREET NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOSEF SHITZ 250 N. FEDERAL HIGHWAY HALLANDALE, FL 33009	
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	
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: [Signature]			02-15-05 305 970 6829		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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