


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90278 039 ***150.00

DOCUMENT # P01000096820	
1. Entity Name SILVANA IZQUIERDO DESIGN STUDIO, INC.	

Principal Place of Business 13283 S.W. 112 TERRACE APT #3 MIAMI, FL 33186	Mailing Address 13283 S.W. 112 TERRACE APT #3 MIAMI, FL 33186
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54043812

2. Principal Place of Business <i>12921 S LAKUSA LUB DR</i>	3. Mailing Address <i>12921 S LAKUSA LUB DR</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI, FLORIDA</i>	City & State <i>MIAMI, FLORIDA</i>
Zip <i>33186</i>	Zip <i>33186</i>
Country <i>USA</i>	Country <i>USA</i>

04032004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1145786	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IZQUIERDO, SILVANA 13283 S.W. 112 TERRACE APT #3 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PVST IZQUIERDO, SILVANA 13283 S.W. 112 TERRACE APT #3 MIAMI, FL 33186 <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	D IZQUIERDO, SILVANA 13283 S.W. 112 TERRACE APT #3 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>	04/03/2004 (305) 385-0126
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #