2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2008 8:00 am Secretary of State

the obligations of registered agent. SIGNATURE Signature. Ivped or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating] PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	DOCUMENT # P01000120721 1. Entity Name H G DESIGN GROUP, INC.						02-12-200)8 90008 C)16 ***1	50.00	
4310 SHERIDAN ST, #202 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 01302008 ChgP CR2E034 (12/06) City & State City & State 02-0542060 Applied For Not A	Principal Plac	Mailing Address									
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City & State Country Country City Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) File Buggiations of registered agent, or both, in the State of Florida. I am familiar with, and acceptate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptate the obligations of registered agent and site if appearable. NOTE: Registered Agent segrature resumed when remaining Date FILE NOWIT! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE PT Delete INTE MAME GOLDMANN, HOWARD SIREET ADDRESS 4310 SHERIDAN ST, #202 Delete INTE INTE INTE VS Delete INTE NAME SIREET ADDRESS 4310 SHERIDAN ST, #202 STREET ADDRESS STREET ADDRESS 4310 SHERIDAN ST, #202 STREET ADDRESS STREET ADDR	2. Principal P	3. Mailing Address	ailing Address								
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required - 6Name and Address of Current Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302008	Chg-P	CR2E03	4 (12/06)		
Signature Sign	City & State		City & State					<u> </u>	⊢	·	
BURTON, ANDRE S 4310 SHERIDAN ST, #202 HOLLYWOOD, FL 33021 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 proted rame of registered agent and site if applicable (NOTE: Registered Agent sgnature required when remissional) PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing St. Added to Fees Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INVE GOLDMANN, HOWARD SIREET ADDRESS GUIV-SI-7P HOLLYWOOD, FL 33021 ITILE VS HOLLYWOOD, FL 33021 ITILE VS HARROW, DREW STREET ADDRESS	Zjp	Country	Zip	Coun	try				8.75 Add	litional	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	DUDTON	AND - 0			Name	· · · · · ·					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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 remistating) PATE PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PT : Delete TITLE NAME GOLDMANN, HOWARD SIREET ADDRESS GITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE VS HARROW, DREW STREET ADDRESS STREET ADDRESS STREET ADDRESS	4310 SHERIDAN ST, #202			Street Address (I	P.O. Box Number	is Not Acceptabl	e)		<u>. </u>		
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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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #