2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000017740

1. Entity Name
HIGH DESIGN, CORP.

Principal Place of Business
10072 E. BAY HARBOR DRIVE
SUITE 72-B
BAY HARBOR ISLAND, FL 33154 US

Mailing Address
10072 E. BAY HARBOR DRIVE
SUITE 72-B
BAY HARBOR ISLAND, FL 33154 US

01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3005461 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, JUAN M
7510 HARDING AVENUE #5
MIAMI BEACH, FL 33141

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEIRANO, JUAN C
STREET ADDRESS	7510 HARDING AVENUE #5
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VD
NAME	STRONGOLI, ARIEL
STREET ADDRESS	7510 HARDING AVENUE #5
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD
NAME	PESADO, MARCELINO D
STREET ADDRESS	7510 HARDING AVENUE #5
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD
NAME	STRONGOLI, ANTONIO
STREET ADDRESS	7510 HARDING AVENUE #5
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Juan Carlos Peirano 3/1/2004 (305) 864-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #