
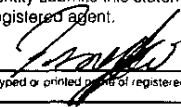
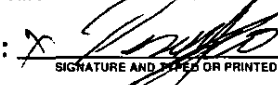


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000017740</b> 1. Entity Name <b>HIGH DESIGN, CORP.</b>			<b>FILED</b> MAR 25 AM 10:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b> ORTEGA, JUAN M 7510 HARDING AVENUE #5 MIAMI BEACH, FL 33141		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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:  DATE:			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: PD NAME: PEIRANO, JUAN C STREET ADDRESS: 7510 HARDING AVENUE #5 CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 10072 E. BAY HARBOR DR STE 72-B CITY-ST-ZIP: BAY HARBOR ISLAND, FL 33154	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1200 NE MIAMI GARDEN DR #804 W CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33179
TITLE: VD NAME: STRONGOLI, ARIEL STREET ADDRESS: 7510 HARDING AVENUE #5 CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 10072 E Bay Harbor Dr Ste 72-B CITY-ST-ZIP: BAY HARBOR ISLAND FL 33154	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1200 NE MIAMI GARDEN DR #804 W CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33179
TITLE: SD NAME: PESADO, MARCELINO D STREET ADDRESS: 7510 HARDING AVENUE #5 CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TD NAME: STRONGOLI, ANTONIO STREET ADDRESS: 7510 HARDING AVENUE #5 CITY-ST-ZIP: MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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: 		Date	Daytime Phone #

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