


**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000027450**

1. Entity Name  
**DINADESIGN, INC.**



Principal Place of Business  
**2625 COLLINS AVE., SUITE 1605**  
**MIAMI BEACH, FL 33140**

Mailing Address  
**2625 COLLINS AVE., SUITE 1605**  
**MIAMI BEACH, FL 33140**

**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0642665**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SZEJNBUM, DINA M**  
**2625 COLLINS AVE., SUITE 1605**  
**MIAMI BEACH, FL 33140**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZEJNBUM, DINA MARIELA 2625 COLLINS AVE., SUITE 1605 MIAMI BEACH, FL 33140
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 07/06/05-80004-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 807, 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:  **06/31/05** **7865434925**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #