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Miguel Barreiro

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

04-28-2004 90291 018 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P02000073972</b> 1. Entity Name <b>NEED DESIGN, CORPORATION</b>			
Principal Place of Business <b>13701 NW 4TH ST # 409</b> <b>PEMBROKE PINES, FL 33028</b>		Mailing Address <b>13701 NW 4TH ST # 409</b> <b>PEMBROKE PINES, FL 33028</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 04232004 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>33-1012443</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DELGADO, ALEXIS</b> <b>13701 NW 4TH ST # 409</b> <b>PEMBROKE PINES, FL 33028</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	DPS	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	DELGADO, ALEXIS		
STREET ADDRESS	13701 NW 4TH ST # 409		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/23/04 786-324-8098</b> <small>Date Daytime Phone #</small>	