2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name
NEED DESIGN, CORPORATION

Principal Place of Business	Mailing Address
13701 NW 4TH ST #409 PEMBROKE PINES, FL 33028	13701 NW 4TH ST #409 PEMBROKE PINES, FL 33028

02052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
15830 S.W 3rd CT		15830 S.W. 3rd CT	
Suite, Apt. #, etc. #202		Suite, Apt. #, etc. #202	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33027	Country U.S	Zip 33027	Country U.S.

4. FEI Number 33-1012443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADO, ALEXIS
13701 NW 4TH ST
#409
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DELGADO, ALEXIS 13701 NW 4TH ST #409 PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEXIS DELGADO 15830 S.W. 3rd CT #202 PEMBROKE PINES, FL 33027 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 02/05/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEAR; FLORIDA DEPARTMENT OF STATE

I AM SENDING THIS AGAIN
BECAUSE THERE SHOULD OF NOT
BEEN AN ADDRESS IN SPOT #7

I ONLY WANT TO NOTIFY YOU ABOUT
THE CHANGE OF MY CORPORATION
ADDRESS

Thank you VERY MUCH

SINCERELY, ALEXIS DELGADO.