

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 041 ***150.00

2006

DOCUMENT # **P02 0000 73972**

1. Entity Name

NEED DESIGN, CORPORATION

Principal Place of Business

Mailing Address

15830 S.W. 32ND CT # 202

Pembroke Pines, FL 33027

2. Principal Place of Business

15830 S.W. 32ND CT # 202 (same)

3. Mailing Address

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

4. FEI Number

33-1012443

Applied For

Not Applicable

Zip

Country

33027

Zip

Country

5. Certificate of Status Desired

☐

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **ALEXIS DELGADO**

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

15830 S.W. 32ND CT #202

City **Pembroke Pines FL**

Zip Code **33027**

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 reappointing)

DATE

05/17-2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSA - ALEXIS DELGADO** ☐ Delete
NAME **15830 S.W. 32ND CT #202**
STREET ADDRESS
CITY-ST-ZIP **Pembroke Pines, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 article with the name of the person empowered.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

05/17-2006 (954) 8818260

Date

Telephone #

ATTACHMENT

40094094

Weston, FL May 17, 2006

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, FL 32302-1500

REF. : NEED DESIGN CORPORATION
DOCUMENT # P02000073972

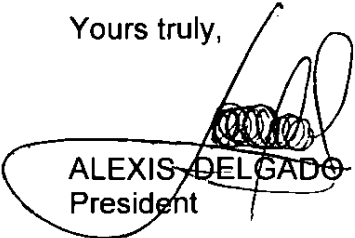
Dear Sir or Madam:

This letter is to inform you that I did not received the 2006 Uniform Business Report for NEED DESIGN CORPORATION, on time, document number P02000073972.

I have only now realized that I owe the 2005 fees, and respectfully request that NEED DESIGN CORPORATION be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,


ALEXIS DELGADO
President