

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075651

1. Entity Name
INTERNATIONAL STYLE DESIGN GROUP, INC.



Principal Place of Business
698 NW 9 COURT
BOCA RATON, FL 33486

Mailing Address
698 NW 9 COURT
BOCA RATON, FL 33486

FILED
Jan 23, 2004 08:00 AM
Secretary of State



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0631683 Applied For...
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BIORDI, JOSEPH N
698 N.W. 9TH COURT
BOCA RATON, FL 33486

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BIORDI, JOSEPH N 698 NW 9 COURT BOCA RATON, FL 33486
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01/23/04-80050-016 150.00

**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)(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: Joseph N. Biordi **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/04 954-675-3367
Date Daytime Phone #