
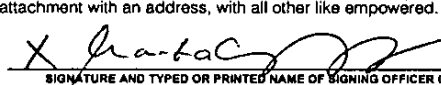


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90102 002 ***150.00

DOCUMENT # P02000087176 1. Entity Name MARTA CECILIA DESIGN GROUP, INC.			
Principal Place of Business 35 NE 40 ST., 1-G MIAMI, FL 33137		Mailing Address 35 NE 40 ST., 1-G SUITE 303 MIAMI DESIGN DISTRICT MIAMI, FL 33137	
2. Principal Place of Business 1361 N.E. 103rd STREET Suite, Apt. #, etc.		3. Mailing Address 1361 N.E. 103rd STREET Suite, Apt. #, etc.	
City & State MIAMI SHORES, FL.		City & State MIAMI SHORES, FL.	
Zip 33138	Country	Zip 33138	Country
4. FEI Number 54-2085647		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUTCHFIELD, TIMOTHY H 25 S.E. 2ND AVENUE SUITE 1020 MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD RODRIGUEZ, MARTA CECILIA 35 N.E. 40TH ST., #303 MIAMI DESIGN DIST. MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, MARTA CECILIA 1361 NW 103 ST. MIAMI, FL. 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PINTO, EDUARDO 1361 NW 103 ST. MIAMI, FL 33138	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALBAISA, ADOLFO Z 5057 COLLINS AVE., #12-G MIAMI, FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 4/17/06 Daytime Phone #	