


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # P02000103803<br>1. Entity Name<br>T.M. DESIGN GROUP ASSOCIATES, P.A. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>7600 W 20 AVE<br>STE 219<br>HIALEAH, FL 33016 | Mailing Address<br>7600 W 20 AVE<br>STE 219<br>HIALEAH, FL 33016 |
|--|--|



04202006 No Chg-P CR2E034 (11/05)

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|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>33-1020299  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>SCAVUZZO, THERESA<br>7600 W 20 AVENUE<br>STE 219<br>HIALEAH, FL 33016 |
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

U00000554223  
05/15/06-80083-006 150.00

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SCAVUZZO, THERESA<br>7600 W 20 AVE STE 219<br>HIALEAH, FL 33016 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 807, 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: Theresa Scavuzzo-Theresa Scavuzzo 4-27-06 305-557-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #