

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90167 015 \*\*\*150.00

<b>DOCUMENT # P02000116291</b> 1. Entity Name <b>ESTATE DESIGN, INC.</b>			
Principal Place of Business <b>1801 MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431</b>		Mailing Address <b>1801 MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431</b>	
2. Principal Place of Business <b>P.O. Box 15277</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 15277</b> Suite, Apt. #, etc.	
City & State <b>Plantation, FL</b> Zip Country <b>33318 US</b>		City & State <b>Plantation, FL</b> Zip Country <b>33318 US</b>	
4. FEI Number <b>05-0537754</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HRAWG CORP. 1801 MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>Valdes-Fauli Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 E. Broward Blvd., Suite 1400</b>  City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33394</b>	
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 _____ <small>Signature, type or printed name of registered agent and title if applicable.</small>		<b>Martin R. Press, Esq., VP</b> <b>4/26/05</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FLEISCHNICK, JOAN R PO BOX 15277 PLANTATION, FL 33318	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Joan R. Fleischnick, President</b> <b>4/26/05</b> <small>Date Daytime Phone #</small>	

14003436



04262005 Chg-P CR2E034 (10/03)