

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90997 020 \*\*\*150.00

DOCUMENT # P02000133204  
 1. Entity Name  
 CONSULTANTS BY DESIGN, INC.



Principal Place of Business  
 400 FLAMINGO AVE  
 STUART, FL 34996

Mailing Address  
 PO BOX 667793  
 POMPANO BEACH, FL 33066

2. Principal Place of Business  
 2650 W. State Rd. 84  
 Suite, Apt. #, etc.  
 Suite 102  
 City & State  
 Ft. Lauderdale, FL  
 Zip  
 FL  
 Country  
 USA  
 Broward

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country



04062004 Chg-P CR2E034 (10/03)

4. FEI Number  
 11-3667463  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 FLOWERS, ROBERT J  
 400 FLAMINGO AVE  
 STUART, FL 34996

7. Name and Address of New Registered Agent  
 Name  
 Anthony J. Alfaro, Esq.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2650 West State Road 84 #102  
 City  
 Fort Lauderdale FL  
 Zip Code  
 33312

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: *Lisa M. Sarno* (Signature, typed or printed name of registered agent and title if applicable.)  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 DATE: 4/27/04 (04.21.04)

**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	<input type="checkbox"/> Delete
D	SARNO, LISA M	PO BOX 667793	POMPANO BEACH, FL 33066	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Lisa M. Sarno*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4.21/04  
 Daytime Phone #: (954) 461-5432