

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000003320 1. Entity Name YVETTE KASSIN DESIGN, INC.	
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Principal Place of Business 19355 NE 36TH CT., SUITE 11-B AVENTURA, FL 33180	Mailing Address 19355 NE 36TH CT., SUITE 11-B AVENTURA, FL 33180
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03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1661765	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALENZANO, OMAIRA 175 FONTAINBLEAU BLVD. MIAMI, FL

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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 _____
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 \$550.00**

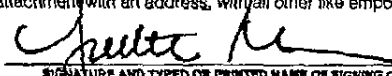
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASSIN, YVETTE 19355 NE 36TH CT., SUITE 11-B AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KASSIN, SALOMON 19355 NE 36TH CT., SUITE 11-B AVENTURA, FL 33180
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04/08/06-80032-003 150.00

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with/without other like empowered.

SIGNATURE:  **Mar 20/06** **305-790 2060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #