2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010165

Entity Name: DESIGN ZERO, INC.

FILED Apr 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3521 NW 82ND AVENUE MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

3521 NW 82ND AVENUE MIAMI, FL 33122

FEI Number: 30-0148825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONDE, JOSE R
8635 NW 54TH STREET
MIAMI, FL 33166 US
CONDE, JOSE R
3521 NW 82ND AVENUE
MIAMI, FL 33122 US

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.

SIGNATURE: 04/02/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

CONDE, DORIS

MIAMI, FL 33166

8635 NW 54TH STREET

Title:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: PSD (X) Change () Addition

Name: CONDE, JOE Name: CONDE, JOE

 Address:
 8635 NW 54TH STREET
 Address:
 3521 NW 82ND AVENUE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33122

Title: VD () Delete Title: VD (X) Change () Addition Name: CONDE, JOSE R Name: CONDE, JOSE R

 Name:
 CONDE, JOSE R
 Name:
 CONDE, JOSE R

 Address:
 8635 NW 54TH STREET
 Address:
 3521 NW 82ND AVENUE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33122

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 CONDE, ILEANA
 Name:
 CONDE, ILEANA

 Address:
 8635 NW 54TH STREET
 Address:
 3521 NW 82ND AVENUE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33122

Title: SD (X) Delete Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA CONDE TD 04/02/2004