

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 044 ***150.00

DOCUMENT # P03000031273

1. Entity Name
INNERVISION DESIGN, INC.



Principal Place of Business
1040 SEMINOLE DRIVE
SUITE 859
FT. LAUDERDALE, FL 33304

Mailing Address
1040 SEMINOLE DRIVE
SUITE 859
FT. LAUDERDALE, FL 33304



2. Principal Place of Business
1830 Meridian Avenue
Suite 1105
Miami Beach, FL
33139

3. Mailing Address
1830 Meridian Avenue
Suite 1105
Miami Beach, FL
33139

07162005 Chg-P CR2E034 (10/03)

4. FEI Number
05-0569192
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
POLLOCK, KENNETH S ESQ.
2424 N. FEDERAL HIGHWAY
SUITE 411
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
MAGNUS ANDERSSON
Street Address (P.O. Box Number is Not Acceptable)
1830 Meridian Avenue
Suite 1105
City Miami Beach, FL Zip Code 33139

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

7-15-05

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ANDERSSON, MAGNUS
1040 SEMINOLE DRIVE, SUITE 859
FT. LAUDERDALE, FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Andersson Magnus
1830 Meridian Avenue, Suite 1105
Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-15-05

Date

561-703-8727

Daytime Phone #