

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90237 027 \*\*\*150.00

**DOCUMENT # P03000035549**

1. Entity Name  
**G + R DESIGN GROUP, INC.**



Principal Place of Business  
**2350 NE 135TH ST. APT.1202  
 NORTH MIAMI, FL 33181**

Mailing Address  
**2350 NE 135TH ST. APT.1202  
 NORTH MIAMI, FL 33181**

2. Principal Place of Business  
**3401 N COUNTRY CLUB DR  
 APT. 214**

3. Mailing Address  
**3401 N COUNTRY CLUB DR  
 APT. 214**

City & State  
**AVENTURA, FL.**

City & State  
**AVENTURA, FL.**

Zip  
**33180**

Country  
**DADE**

Zip  
**33180**

Country  
**DADE**



03042006 Chg-P CR2E034 (11/05)

4. FEI Number  
**76-0728980**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RESSIA, CARLOS P  
 2350 NE 135TH ST. APT.1202  
 NORTH MIAMI, FL 33181**

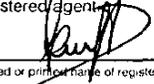
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3401 N COUNTRY CLUB DR APT. 214**

City **AVENTURA** FL Zip Code **33180**

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  DATE **3/6/06**

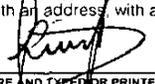
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESSIA, CARLOS P 2350 NE 135TH ST. APT.1202 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3401 N COUNTRY CLUB DR APT 214 AVENTURA, FL. 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRADEL, ELIANA PAULA 2350 NE 135TH ST. APT.1202 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3401 N COUNTRY CLUB DR APT.214 AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 all other like empowered.

SIGNATURE:  DATE **3/6/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #