2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042785

Entity Name: LIFESTYLE DESIGN, INC.

FILED Apr 30, 2005 Secretary of State

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

10452 SW 114TH STREET P.O. BOX 565354 MIAMI, FL 33176 P.O. BOX 565354

Current Mailing Address: New Mailing Address:

10452 SW 114TH STREET P.O. BOX 565354 MIAMI, FL 33176 P.O. BOX 565354

FEI Number: 42-1586775 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:

DUBROW DUKER & ASSOCIATES, P.A.

2832 UNIVERSITY DRIVE

CORAL SPRINGS, FL 33065 US

ROSALES, IVETTE
P.O. BOX 565354
MIAMI, FL 33256 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: IVETTE ROSALES 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ROSALES, IVETTE ROSALES, IVETTE Name: Name: 10452 SW 114TH STREET P.O. BOX 565354 Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33256

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 BUSTAMANTE, OLGA
 Name:
 BUSTAMANTE, OLGA

 Address:
 10452 SW 114TH STREET
 Address:
 P.O. BOX 565354

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33256

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: IVETTE ROSALES PRES 04/30/2005