2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # P03000044261 1. Entley Name VROOMI DESIGNTRIBE, INC. Principal Place of Business Idea Wists AVENUE, \$406 MAMI BEACH PL. 301.59 | | ANNUAL I | REPORT (AR) | | | |
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| Mailing Address Mailing Ad | | | 261 | 维护 | May 04, 2005 08:00 AM Secretary of State | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State S. Name and Address of Current Registered Agent For Regular For Re | | | | | | |
| City & State Ci | 2. Principal Place of Business | | 3. Mailing Address | | - L CORRECTE CO. BELLER IIIII RRIII RRIII RRIIIE RTISS AURIL RIBIU FITID WINN IIIIINRE II FITIT | |
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| S. Controllates of Subbur Desired Fee Required | City & State | | City & State | | | |
| Name | Zip | Country | Zip | Country | | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered Agent | |
| 1688 WEST AVENUE, #406 MIAMI BEACH FL 33139 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and rise tapelleady ment and rise registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and rise tapelleady ment agent agent on both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent age | - | | | Name | | |
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| St. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. Signature Sign | IVIIA | WII DEACH FL 33135 | | | | |
| 8. The above named onity 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 accepted the obligations of registered agent. SIGNATURE Complete November Complete | | | | City | Zip Code | ~ |
| FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 11. | the obligat | | t for the purpose of changing its r | egistered office or regis | tered agent, or both, in the State of Florida. I am familiar with, and acc | έĻ |
| ### After May 1, 2005 Fee Will Be \$\$50.00 | SIGNATURE. | Signature, typed or printed name of registered ag | ent and trille if applicable (NOTE | Registered Agent signature requ | ired when reinstating) DATE | |
| 10. | After | May 1, 2005 Fee Will Be \$550. | | | | _ |
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| | | certify that the information conniced | with this filling does not qualify for | | Section 119.07(3)(i). Florida Statutes. I further certify that the informatic | ori |

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:

SIGNATURE AND TYPE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cliffee 14-3005
Daire Daytine Phone #