

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070386

FILED
Jan 16, 2009
Secretary of State

Entity Name: EYEWAKE DESIGN FORCE INC.

Current Principal Place of Business:

7900 HARBOR ISLAND DR. #915
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

7900 HARBOR ISLAND DR.
#915
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

7900 HARBOR ISLAND DR. #915
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

7900 HARBOR ISLAND DR.
#915
NORTH BAY VILLAGE, FL 33141

FEI Number: 20-0060305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICILIANO, GASTON A
7900 HARBOR ISLAND DR. #915
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SICILIANO, GASTON
Address: 7900 HARBOR ISLAND DR. #915
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GASTON SICILIANO

PRES

01/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date