

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 19 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000076856

1. Entity Name  
ONZE 11 DESIGNS CORP.



Principal Place of Business  
1401 CORAL WAY  
706  
CORAL GABLES, FL 33145

Mailing Address  
1401 CORAL WAY  
706  
CORAL GABLES, FL 33145

DO NOT WRITE IN THIS SPACE

033007 90/45 027 150.00  
03172007 No Chg-P CR2E034 (11/05) 07

4. FEI Number  
56-2377428

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BERRETT, MICHEL-ANGE  
1401 CORAL WAY  
706  
CORAL GABLES, FL 33145

DO NOT WRITE  
IN THIS SPACE

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERRET, MICHELOANGE
STREET ADDRESS	1401 CORAL WAY., APT. 706
CITY - ST - ZIP	CORAL GABLES, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #