

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000082488**

1. Entity Name  
**BED DESIGN STUDIO, INC.**



Principal Place of Business  
**13540 SW 105 AVE  
MIAMI, FL 33176**

Mailing Address  
**13540 SW 105 AVE  
MIAMI, FL 33176**

**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0701220**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEREZ, MICHAEL  
10126 W. FLAGLER ST.  
MIAMI, FL 33174**

**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 reinstating)

DATE  
**0000000618393**

**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**

**02/08/07-80027-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DELGADO, JOSE L
STREET ADDRESS	13540 SW 105 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V
NAME	DIAZ, JENNIFER
STREET ADDRESS	2665 SW 37TH VAE STE 301
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	DIAZ, JENNIFER
STREET ADDRESS	2665 SW 37TH AVE.. SUITE 301
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	VIDELA, GERVACIO
STREET ADDRESS	2665 SW 37TH AVE.. SUITE 301
CITY-ST-ZIP	MIAMI, FL 33133
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 an officer like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-07**