## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## 04-28-2005 90223 014 \*\*\*150.00 DOCUMENT # P03000084178 1. Entity Name SAPPHIRE DESIGN, INC. 14006787 Principal Place of Business Mailing Address 2101 WEST COMMERCIAL BLVD STE 4100 2101 WEST COMMERCIAL BLVD STE 4100 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 3. Mailing Address 2. Principal Place of Business 2101 W. Commercial Blvd. 2101 W. Commercial Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E034 (10/03) Chg-P 2800 2800 Applied For 4. FEL Number City & State City & State 20-0173116 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYNN, MARK J ESQ Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd., Suite 2101 WEST COMMERCIAL BLVD STE 4100 2800 FT LAUDERDALE, FL 33309 City Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST TITLE TITLE ☐ Detete MUXO, BONNIE NAME NAME 2101 W. Commercial Blvd., Ste. 2800 2101 W COMMERCIAL BLVD., STE, 4100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TTILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! E ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

Bonnie Muxo, Pres.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 28, 2005 8:00 am Secretary of State