
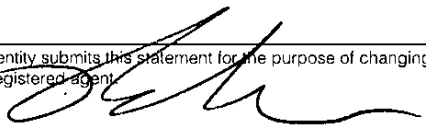
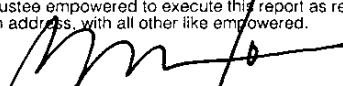


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90004 007 \*\*\*150.00

<b>DOCUMENT # P03000084178</b>					
<b>1. Entity Name</b> SAPPHIRE DESIGN, INC.					
<b>Principal Place of Business</b> 2101 WEST COMMERCIAL BLVD STE 2800 FT LAUDERDALE, FL 33309			<b>Mailing Address</b> 2101 WEST COMMERCIAL BLVD STE 4100 FT LAUDERDALE, FL 33309		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2101 West Commercial Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2800			
<b>City &amp; State</b>		City & State Ft. Lauderdale, FL		<b>4. FEI Number</b> 20-0173116	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
33309		US		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  LYNN, MARK J ESQ 2101 WEST COMMERCIAL BLVD STE 2800 FT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Robert S. Forman, Esquire Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd. Suite 2800 City Fort Lauderdale FL Zip Code 33309		
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <b>Robert S. Forman</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>3/15/07</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DPST	<b>NAME</b> MUXO, BONNIE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2101 WEST COMMERCIAL BLVD STE 2800			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33309					
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP					
<b>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 like empowered.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3.21.07</b> <small>Date</small>		
Bonnie Muxo, President			954 384 4748 <small>Daytime Phone #</small>		