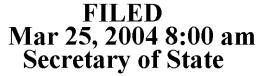
2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000100401



DOCUMENT # P03000100401 1. Entity Name APONWAO DESIGN, INC.							03-25-2004 90012 027 ***150.00												
Principal Place of Business			Mailing Address	Mailing Address					•	54022	21174								
2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131			2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131			 	112 - 112 - 113 1141 115												
2. Principal Place of Business			3. Mailing Address																
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01232004	Chg-P	CR2E03	4 (10/03)										
City & State			City & State				4. FEI Number	51-048	7450		pplied For of Applicable								
Zip	Country		Zip	Zip Coun			5. Certificate of Status Desired See Required Fee Required												
p. 1	6. Name	and Address of Current	Registered Agent				7. Name and A	ddress of New R	egistered A	gent									
VALDES-FAULI CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131					Name														
					Street A	ddress (P.O. Box Number	is Not Acceptable	9)		TT-2-								
								•	FL	Zip Code	9								
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																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						\$5. Add	00 May Be ed to Fees												
10.		OFFICERS AND	DIRECTORS			ADDITIONS/C	HANGES TO OFF	ICERS AND I	DIRECTORS										
TITLE NAME			☐ Delete	TITL NAM		DPS		-: a		Change	X Addition								
STREET ADDRESS					EET ADDRESS .		warz, Dav 7 I. Stra	et, N.W.	Suite	4 00									
CITY-ST-ZIP				CITY	-ST-ZIP			D.C. 2003											
TITLE			☐ Delete	TITE			.			Change	☐ Addition								
NAME STREET ADDRESS				NAM STRE	ET ADDRESS														
CITY-ST-ZIP				CITY	-ST-ZIP														
TITLE			☐ Delete	TITL						Change	Addition								
NAME STREET ADDRESS				NAM Stre	ET ADDRESS														
CITY-SI-ZIP				CITY	-ST-ZIP														
TITLE			☐ Delete	TITL					-	Change	Addition								
NAME Street Address				NAM STRE	ET ADDRESS														
CITY-ST-ZIP					- ST- ZIP														
TITLE			☐ Delete	TITL	E					☐ Change	☐ Addition								
NAME STREET ADDRESS				NAM	EET ADDRESS														
CITY-ST-ZIP					-ST-ZIP														
TITLE		 	☐ Delets	TITLI	Ę					☐ Change	Addition								
NAME			4	NAM															
STREET ADDRESS CITY-ST-ZIP		\sim	\wedge /		ET ADDRESS -ST-ZIP														
12. I bereby o	ertify that the	information supplied with	this filing does not qualify	for the exe	mption stat	ed in Se	ction 119.07(3)(i),	Florida Statutes.	further certif	ly that the in	formation								
indicated	on this report	or supplemental report is	s true and acculate and the	it my signa	ture shall h	ave the s	same legal effect	as if made under of and that my name	12. I hereby certify that the information supplied with this filling/cloes/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 acculate 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 of the receiver or trusted empowered to execute this report as required by Chanter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if										

SIGNATURE: