



**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000125024</b> 1. Entity Name <b>SUZANNE GUASCH DESIGNS, INC.</b>			
Principal Place of Business <b>5805 BLUE LAGOON DR. 410 MIAMI, FL 33126</b>		Mailing Address <b>5805 BLUE LAGOON DR. 410 MIAMI, FL 33126</b>	
<div style="text-align: center;"><b>DO NOT WRITE IN THIS SPACE</b></div>			
		<div style="text-align: center;"> 03142008 No Chg-P CR2E034 (11/05)</div>	
		4. FEI Number <b>20-0743990</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUASCH, SUZANNE 801 BRICKELL KEY DR #1612 MIAMI, FL 33131</b>			
<div style="text-align: center;"><b>DO NOT WRITE IN THIS SPACE</b></div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PT GUASCH, SUZANNE 801 BRICKELL KEY DR #1612 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPS PEREZ-ABREU, EMELINA 540 BRICKELL KEY DRIVE #1224 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/4/08 305-979-6600</b> Date Daytime Phone #	