

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137850

FILED  
Jun 14, 2004  
Secretary of State

Entity Name: DESIGN SOFFITT SOLUTIONS INC.

## Current Principal Place of Business:

4964 CASON COVE DRIVE  
APT 101  
ORLANDO, FL 32811 US

## New Principal Place of Business:

## Current Mailing Address:

4964 CASON COVE DRIVE  
APT 101  
ORLANDO, FL 32811 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRIVERA, CRISTINA  
285 WYMORE ROAD  
APT 206  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

LARSON, CAROLINE  
1510 E COLONIAL DR  
307  
ORLANDO, FL 32803 US

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.

SIGNATURE: CAROLINE LARSON

06/14/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SILVA, CLAUDIO A  
Address: 4964 CASON COVE DRIVE APT 101  
City-St-Zip: ORLANDO, FL 32811 US

Title: DVP (X) Delete  
Name: CAMARGO, JOSE X  
Address: 5052 PARK CENTRAL DRIVE APT 1827  
City-St-Zip: ORLANDO, FL 32839 US

Title: DS (X) Delete  
Name: SILVA, FABIO G  
Address: 5052 PARK CENTRAL DRIVE APT 1827  
City-St-Zip: ORLANDO, FL 32839 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO A SILVA

DP

06/14/2004

Electronic Signature of Signing Officer or Director

Date