

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137850

FILED
Apr 14, 2005
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:

5064 PARK CENTRAL DR
APT 1716
ORLANDO, FL 32839 US

Current Mailing Address:

4964 CASON COVE DRIVE
APT 101
ORLANDO, FL 32811 US

New Mailing Address:

5064 PARK CENTRAL DR
APT 1716
ORLANDO, FL 32839 US

FEI Number: 20-0418437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SILVA, CLAUDIO A
Address: 5064 PARK CENTRAL DR APT 1716
City-St-Zip: ORLANDO, FL 32839 US

Title: DVP () Change (X) Addition
Name: CAMARGO, JOSE X
Address: 5052 PARK CENTRAL DR APT 1827
City-St-Zip: ORLANDO, FL 32839

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

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

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date