2004 FOR PROFIT CORPORATION ANNUAL REPORT

SGNATURE AND TYPED OR PRINTED

Apr 13, 2004 8:00 am Secretary of State **DOCUMENT # P03000144506** 04-13-2004 90020 050 ***158.75 1. Entity Name NEW DESIGN STUDIO, CORP. ZZUNUŅUN 💥 Principal Place of Business Mailing Address 7489 NW 176TH TERRACE 7489 NW 176TH TERRACE MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address 13030 NW 30 $\mathbb{N}^{\mathbb{C}}$ Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RIGUEROS, JAIRO ALBERTO Street Address (P.O. Box Number is Not Acceptable) **7489 NW 176TH TERRACE** MIAMI, FL 33015 22 4V MW. 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 acceptable the obligations of registered agent. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Presiden TITLE ☐ Delete TITLE Jaivo Alberto Rique RIGUEROS, JAIRO ALBERTO NAME NAME 13930 NW. 22 AV. - OPG STREET ADDRESS **7489 NW 176TH TERRACE** STREET ADORESS CTY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33015 11(12)(105)(00) TITLE NAME ☐ Change ☐ Addition ☐ Delete TITLE Natalia Muñoz. 13930 NW. 22 AV. OPA-locker FL MUNOZ, NATALIA NAME STREET ADDRESS STREET ADDRESS **7489 NW 176TH TERRACE** CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33015 Addition TITLE Defete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does 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 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.

FILED