2008 FOR PROFIT CORPORATION

Jan 14, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000042243 1. Entity Name JOSÉPH FARCUS DESIGNS, INC. Principal Place of Business Mailing Address 5285 PINE TREE DR 5285 PINE TREE DR MIAMI, FL 33140 MIAMI, FL 33140 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0816652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GUTTENMACHER, EDWARD P ESQ DO NOT WRITE 2600 DOUGLAS RD PH 8 CORAL GABLES, FL 33134 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NQTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE FARCUS, JOSEPH NAME STREET ADDRESS 5285 PINE TREE DR CITY-ST-ZIP MIAMI, FL 33140 TIFLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS - DO NOTWRITE -CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 of the receiver or frusted 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 any attachment without address, with all other like empowered.

SIGNATURE!

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED