MAR 18 '05 16:30 THE TAX TEAM 3

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUN -3 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03182005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000051149

1. Entity Name
RODOLFO'S DESIGNER, INC.

Principal Place of Business	Mailing Address
8365 NW 197 TERRACE MIAMI, FL 33015	8365 NW 197 TERRACE MIAMI, FL 33015
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 56-2452653 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARCELO SORISERA 18200 MEDITERRANEAN BLVD #106 MIAMI FL 33015	Name: Rodolfo GARRIDO Street Address (P.O. Box Number is Not Acceptable): 8365 N.W 197 TERRACE City: MIAMI FL Zip Code: 33015

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: Rodolfo Garrido DATE: 4/20/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: RODOLFO GARRIDO STREET ADDRESS: 8365 NW 197 TERRACE CITY-ST-ZIP: MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP: 03-24-05 90044 047 $150.00	☐ Change ☐ Addition
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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.

SIGNATURE: Rodolfo Garrido 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #