

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000057418

1. Entity Name  
 METAFORM DESIGN STUDIO, INC.



Principal Place of Business  
 2201 SE MARINER DR  
 112  
 FORT LAUDERDALE, FL 33316

Mailing Address  
 2201 SE MARINER DR  
 112  
 FORT LAUDERDALE, FL 33316



03052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 42-1625400 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

AJAMI, BILAL S  
 2201 SE 18TH STREET  
 112  
 FORT LAUDERDALE, FL 33316

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PRES  
 NAME: AJAMI, BILAL S  
 STREET ADDRESS: 2201 SE MARINER DR  
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33316

TITLE: VP  
 NAME: GRAVES, MELINDA S  
 STREET ADDRESS: 2201 SE MARINER DR  
 CITY-ST-ZIP: FORT LAUDERDALE, FL S

TITLE: PCPL  
 NAME: EPPY, RICHARD  
 STREET ADDRESS: 10435 52ND STREET  
 CITY-ST-ZIP: COOPER CITY, FL 33328

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 03/21/06-80113-019 150.00

**DO NOT WRITE IN THIS SPACE**

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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06  
 Date

Daytime Phone #