

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90057 025 ***158.75

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	
2. Principal Place of Business - No P.O. Box # 9121 NW 13TH ST Suite, Apt. #, etc.		3. Mailing Address 9121 NW 13TH ST Suite, Apt. #, etc.	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33322		Country USA	
4. FEI Number 42-1625400		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name AJAMI, BILAL S Street Address (P.O. Box Number is Not Acceptable) 9121 NW 13TH ST. City PLANTATION FL Zip Code 33322	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AJAMI, BILAL S 2201 SE MARINER DR FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9121 NW 13TH ST PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVES, MELINDA S 2201 SE MARINER DR FORT LAUDERDALE, FL S	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9121 NW 13TH ST PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCPL EPPY, RICHARD 10435 52ND STREET COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Melinda S Graves</u> / MELINDA S GRAVES		Date: <u>6/28/07</u>	Daytime Phone #: <u>954-214-6376</u>