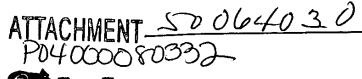
## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 30, 2005 8:00 am Secretary of State **DOCUMENT # P04000080332** 08-30-2005 90030 021 \*\*\*150.00 MODERN MAILBOX DESIGNS, INC. Principal Place of Business Mailing Address 5209 S.W. 95TH AVENUE **5209 S.W. 95TH AVENUE** 50064030 COOPER CITY, FL 33328 COOPER CITY, FL 33328 2. Principal Place of Business 3. Mailing Address P. D. BOX 622-285 Suite, Apt. #, etc. 1372 Bennet+Dr. Suite, Apt. #, etc. 08232005 Chg-P CR2E034 (10/03) #124 City & State City & State 4. FEI Number Applied For ongwood. Oviedo 20-1821969 Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Rolando Rodriguez Street Address (P.O. Box Number is Not Acceptable) SUMNER, TROY **5209 S.W. 95TH AVENUE** COOPER CITY, FL 33328 720 Fawn LILY COVE City Aviedo Zip Code 32766 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, of recister deger applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Director Rolando Rodriguez 720 Fawn Uly Cove Delete TITLE ☐ Change Addition SUMNER, TROY NAME NAME STREET ADDRESS 5209 S.W. 95TH AVENUE STREET ADDRESS CITY-ST-7IP COOPER CITY, FL 33328 CITY-ST-ZIP OVIEGO FL 3276L TITLE ☐ Delete TITI F Change Addition RODRIGUEZ, LUIS NAME STREET ADDRESS 4880 S.W. 104 AVENUE STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-7P TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 en address, with all other like empowered. 407 331 6245 **SIGNATURE:**

**FILED** 





odern 1372 Bennett Dr. #124

Longwood FL. 32750

Phone: 407-331-6245 Fax: 407-331-6246

To whom it may concern:

Date 8/25/05

1

. I received a notice of intent to dissolve this morning, and responded by contacting a representative at (850) 245-6056. We never were issued a first notice to renew, so she told us to send you a letter stating this, and our late fee would be waived. Enclosed is a check for the original 150.00. Thank you for your cooperation.

Sincerely,

Louis Rodriguez Vice-President