


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90176 012 ***150.00

DOCUMENT # P04000112648	
1. Entity Name AUCTION BLOCK DESIGN, INC.	

Principal Place of Business C/O JUAN A. FIGUEROA 2701 S LE JEUNE ROAD SUITE 310 CORAL GABLES, FL 33134 US	Mailing Address C/O JUAN A. FIGUEROA 2701 S LE JEUNE ROAD SUITE 310 CORAL GABLES, FL 33134 US
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50047939

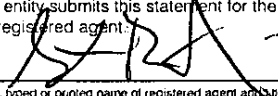


2. Principal Place of Business 1180 South America Way	3. Mailing Address 1180 South America Way
Suite, Apt. #, etc. #13	Suite, Apt. #, etc. #13
City & State Miami, Florida	City & State Miami, FL
Zip 33132 Country USA	Zip 33132 Country USA

04282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GOLDSTEIN, STONEY B 2701 S LE JEUNE ROAD SUITE 310 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Goldstein, Stoney B Street Address (P.O. Box Number is Not Acceptable) 1180 South America Way #13 City Miami FL Zip Code 33132	
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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  **President Stoney Goldstein 04/30/2005**
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P GOLDSTEIN, STONEY B 2701 S LE JEUNE ROAD, SUITE 310 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP President Goldstein, Stoney B 1180 South America Way #13 Miami, FL 33132	<input checked="" 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
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 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:  **Stoney Goldstein - President 04/30/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #