## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## 05-02-2005 90400 029 \*\*\*150.00 **DOCUMENT # P04000118594** 1. Entity Name 3DESIGN-BUILDERS, INC Mailing Address 66018898 Principal Place of Business 13575 S.W. 72ND COURT 13575 S.W. 72ND COURT PINECREST, FL 33156 PINECREST, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 CR2E034 (10/03) 4. FEI Number 34-20 1238 Applied For City & State City & State Not Applicable Zip Ziο Country Country \$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 Mame ROBERT, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 13575 S.W. 72ND COURT PINECREST, FL 33156 Zip Code City 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 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change TITLE ROBERT, ROBERTO MALEF MALCE STREET ADDRESS 13575 S.W. 72ND COURT STREET ACCRESS PINECREST, FL 33156 CITY-ST-ZIP CITY-ST-7P MILE Oelese TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change - Addition TITLE - -- 🗔 Delete TITLE-STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete Chance Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP ☐ Change ☐ Addition DTLE ☐ Delete πLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delate MUE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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: M 5052340603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 25, 2005 8:00 am Secretary of State