


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90006 038 \*\*\*150.00

**DOCUMENT # P04000125439**

1. Entity Name  
**BA DESIGN GROUP, INC.**



Principal Place of Business      Mailing Address

**1200 BRICKELL BAY DRIVE**      **1200 BRICKELL BAY DRIVE**  
**SUITE 1415**      **SUITE 1415**  
**MIAMI, FL 33131 US**      **MIAMI, FL 33131 US**

**40015663**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**3401 N COUNTRY CLUB DR**      **3401 N COUNTRY CLUB DR.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**214**      **214**



City & State      City & State

**AVENTURA FL.**      **AVENTURA FL.**

Zip      Country      Zip      Country

**33180**      **DADE**      **33180**      **DADE**

02012007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**86-1114626**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOGRO, ROSALIA**  
**1925 BRICKELL AVE., #913**  
**MIAMI, FL 33129**

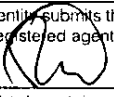
**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 **2/2/07**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MOGRO, ROSALIA JUANA	1925 BRICKELL AVE., #913	MIAMI, FL 33129	<input type="checkbox"/>
D	GRADEL, ELIANA PAULA	3401 N. COUNTRY CLUB DR., #214	AVENTURA, FL 33180	<input type="checkbox"/>
D	CALVETE, LUIS E	1925 BRICKELL AVE., #913	MIAMI, FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:       DATE **2/2/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #