


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90078 037 \*\*\*158.75

<b>DOCUMENT # P04000125558</b>			
<b>1. Entity Name</b> MEDIA DESIGN SERVICES, INC.			
<b>Principal Place of Business</b> 847 RUE LABEAU CIR FT MYERS, FL 33913 US		<b>Mailing Address</b> 847 RUE LABEAU CIR FT MYERS, FL 33913 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 5270 Golden Gate Pkwy Ste 119		<b>3. Mailing Address</b> 5270 Golden Gate Pkwy Ste 119	
Suite, Apt. #, etc. 119		Suite, Apt. #, etc. 119	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34116		Zip 34116	
Country Collier		Country Collier	
<b>4. FEI Number</b> 20-1566959		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> OROZCO, JUAN C 847 RUE LABEAU CIRCLE FORT MYERS, FL 33913		<b>7. Name and Address of New Registered Agent</b> Name: <u>Servicios Para Latinos</u> Street Address (P.O. Box Number is Not Acceptable): <u>6006 Radio Rd</u> City: <u>Naples</u> <u>FL</u> Zip Code: <u>34104</u>	
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>3/5/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OROZCO, JUAN C 847 RUE LABEAU CIR FT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EGBERTS, DIANA M 847 RUE LABEAU CIR FT MYERS, FL 33913	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGBERTS, DIANA M 3962 RECREATION LN NAPLES FL 34116	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/5/07</u> Daytime Phone #: <u>239-641-9379</u>	