2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138773

Entity Name: FIRST FLOOR DESIGNER'S CLUB, INC.

FILED Jun 03, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business

700 EUCLID AVE. 700 EUCLID AVE.

#G-4 # 301

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

700 EUCLID AVE. 700 EUCLID AVE.

#G-4 # 301

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 20-1729394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 KALKAS, MARTTI
 245 SE 1ST STREET

 245 SE 1ST STREET
 245 SE 1ST STREET

 SUITE 311
 SUITE 225

 MIAMI, FL 33131 US
 MIAMI, FL 33131 US

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.

SIGNATURE: 06/03/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: TOMENA, SIMONE C
Address: 700 EUCLID AVE. #G-4
City-St-Zip: MIAMI BEACH, FL 33139

(X) Griange (Y) Address: TORMENA, SIMONE C
Address: 700 EUCLID AVE. #301
City-St-Zip: MIAMI BEACH, FL 33139 US

() Delete Title: VD Title: VD (X) Change () Addition Name: BARCHA, MAITHE Name: GOMES, MARCIO F 700 EUCLID AVE. #G-4 615 NE 22ND ST #1501 Address: Address: MIAMI BEACH, FL 33139 MIAMI, FL 33137 US City-St-Zip: City-St-Zip:

Title: VD (X) Delete Title: () Change () Addition

 Name:
 SOAREZ, JULIANO
 Name:

 Address:
 700 EUCLID AVE. #G-4
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMONE CRISTINA TORMENA PD 06/03/2005