

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ^{ATX1}
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000142128
1. Entity Name SOUTHWESTERN DESIGNS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16955 SW 142 PL	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

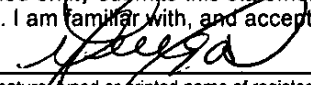
City & State MIAMI, FL	City & State	4. FEI Number 20-1762222	Applied For <input type="checkbox"/> Not Applicable
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Zip 33177-2032	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name MENGANA, MARILYS	
Street Address (P.O. Box Number is Not Acceptable) 16955 SW 142 PL	
City MIAMI	FL Zip Code 33177

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  **MARILYS MENGANA** **3/15/2007**

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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

TITLE P	NAME MENGANA, MARILYS
STREET ADDRESS	16955 SW 142 PL
CITY-ST-ZIP	MIAMI, FL 33177
TITLE V	NAME SIMON, GERMAN
STREET ADDRESS	16955 SW 142 PL
CITY-ST-ZIP	MIAMI, FL 33177
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	

11.

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARILYS MENGANA** **3/15/2007** **(305) 253-2829**

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