

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

ATX1

<b>DOCUMENT #</b> P04000142128
<b>1. Entity Name</b> SOUTHWESTERN DESIGNS INC

**FILED**

09 FEB 19 AM 8:26

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 16955 SW 142 PL Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b>
<b>Zip</b> 33177-2032	<b>Country</b>

<b>4. FEI Number</b> 20-1762222	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name MARILYS MENGANA	
Street Address (P.O. Box Number is Not Acceptable) 16955 SW 142 PL	
City MIAMI	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 *Marily Mengana* MARILYS MENGANA 2/26/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>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</p>	<p><b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees                  Trust Fund Contribution.</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENGANA, MARILYS 16955 SW 142 PL MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700144201487 02/24/09-01001-007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMON, GERMAN 16955 SW 142 PL MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: *Marily Mengana* MARILYS MENGANA 1/9/2009 (305) 253-2829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #