

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000159190

1. Entity Name
MSW DESIGN DISTRICT, INC.



Principal Place of Business
3704 NE 208TH TERRACE
AVENTURA, FL 33180

Mailing Address
3704 NE 208TH TERRACE
AVENTURA, FL 33180



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1916121

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000874840
04/11/08-80008-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WEISS, MICHAEL S
3704 NE 208TH TERRACE
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIR
WEISS, MICHAEL S
2704 NE 208TH TERRACE
AVENTURA, FL 33180

TITLE
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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 prosecute 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 and another line empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #