


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 020 ***150.00

40000001

DOCUMENT # P05000026235 1. Entity Name MIAMI DESIGN ASSOCIATES NO. 2, INC.																																																																																																																	
Principal Place of Business 1316 MENDAVIA AVE. CORAL GABLES, FL 33146			Mailing Address 1316 MENDAVIA AVE. CORAL GABLES, FL 33146																																																																																																														
2. Principal Place of Business 330 GRECO AVE		3. Mailing Address 																																																																																																															
Suite, Apt. #, etc. SUITE # 101		Suite, Apt. #, etc. 																																																																																																															
City & State 		City & State 		4. FEI Number 20-3034459																																																																																																													
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent GROSS, ANITA 1316 MENDAVIA AVE. CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name 																																																																																																													
				Street Address (P.O. Box Number is Not Acceptable) 																																																																																																													
				City 																																																																																																													
				State FL Zip Code 																																																																																																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONCHESO, MARIA T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1316 MENDAVIA AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL GABLES, FL 33146</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GROSS, ANITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1316 MENDAVIA AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL GABLES, FL 33146</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	CONCHESO, MARIA T		STREET ADDRESS	1316 MENDAVIA AVE.		CITY - ST - ZIP	CORAL GABLES, FL 33146		TITLE	STD	<input type="checkbox"/> Delete	NAME	GROSS, ANITA		STREET ADDRESS	1316 MENDAVIA AVE.		CITY - ST - ZIP	CORAL GABLES, FL 33146		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																															
NAME	CONCHESO, MARIA T																																																																																																																
STREET ADDRESS	1316 MENDAVIA AVE.																																																																																																																
CITY - ST - ZIP	CORAL GABLES, FL 33146																																																																																																																
TITLE	STD	<input type="checkbox"/> Delete																																																																																																															
NAME	GROSS, ANITA																																																																																																																
STREET ADDRESS	1316 MENDAVIA AVE.																																																																																																																
CITY - ST - ZIP	CORAL GABLES, FL 33146																																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
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.																																																																																																																	
SIGNATURE: <u>Anita B. Gross</u> 1/16/06 (305) 529-9903 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	