

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000027900					
1. Entity Name MIAMI DESIGN ASSOCIATES, NO. 1 INC					
Principal Place of Business 265 GRAPE TREE DR. UNIT 117 KEY BISCAYNE, FL 33149			Mailing Address 265 GRAPE TREE DR. UNIT 117 KEY BISCAYNE, FL 33149		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CONCHESO, MARIA T 265 GRAPE TREE DR UNIT 117 KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <i>Maria T. Concheso</i> DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CONCHESO, MARIA T		NAME		
STREET ADDRESS	265 GRAPE TREE DR.		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VALLE, MARIA T		NAME		
STREET ADDRESS	265 GRAPE TREE DR.		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption is contained in Chapter 116, 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 637, Florida Statutes, and that my name appears in Block 10 or Block 11 or Block 12, or on an attachment with an address, with all other filers empowered.					
SIGNATURE: <i>Maria T. Concheso</i>			4/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-24637625. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME CONCHESO, MARIA T

STREET ADDRESS 265 GRAPE TREE DR.

CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ST ☐ Delete

NAME VALLE, MARIA T

STREET ADDRESS 265 GRAPE TREE DR.

CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE: *Maria T. Concheso*

4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE