

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000027900

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MIAMI DESIGN ASSOCIATES, NO. 1 INC

**Current Principal Place of Business:**

265 GRAPE TREE DR.  
UNIT 117  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

265 GRAPE TREE DR.  
UNIT 117  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 20-2463762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD, STE A  
BOX 1408644  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** CONCHESO, MARIA T  
**Address:** 265 GRAPE TREE DR.  
**City-St-Zip:** KEY BISCAYNE, FL 33149

**Title:** ST  
**Name:** VALLE, MARIA T  
**Address:** 265 GRAPE TREE DR.  
**City-St-Zip:** KEY BISCAYNE, FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARIA TERESA CONCHESO

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date