


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 007 ***150.00

DOCUMENT # P05000027927 1. Entity Name SIMMETRIK DESIGNS CORP.	
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Principal Place of Business 8283 NW 64 ST SUITE #4 MIAMI, FL 33166	Mailing Address 8283 NW 64 ST SUITE #4 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

07122007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2374302

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

INSIGNARES COYMAT, STEPHANIE
8283 NW 64 ST
SUITE # 4
MIAMI, FL 33166

**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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P INSIGNARES, STEPHANIE 8283 NW 64 ST SUITE #4 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEMBERTI, MONICA 8283 NW 64 ST SUITE #4 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T INSIGNARES, STEPHANIE 8283 NW 64 ST SUITE #4 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PEMBERTI, MONICA 8283 NW 64 ST SUITE 34 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 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: Monica Pemberty 7/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #