


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90193 020 ***150.00

DOCUMENT # P05000027927					
1. Entity Name SIMMETRIK DESIGNS CORP.					
Principal Place of Business 8283 NW 64 ST SUITE #4 MIAMI, FL 33166			Mailing Address 8283 NW 64 ST SUITE #4 MIAMI, F: 33166		
2. Principal Place of Business - No P.O. Box # 4318 WANDERING RIDGE DR.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WESTON, FL		City & State		4. FEI Number 20-2374302	
Zip 33331		Country DROMED		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INSIGNARES COYMAT, STEPHANIE 8283 NW 64 ST SUITE # 4 MIAMI, FL 33166			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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INSIGNARES, STEPHANIE 8283 NW 64 ST SUITE #4 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEMBERTI, MONICA 8283 NW 64 ST SUITE #4 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INSIGNARES, STEPHANIE 8283 NW 64 ST SUITE #4 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEMBERTI, MONICA 8283 NW 64 ST SUITE 34 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Monica Pemberty</u>		4-30-08 VP 954 288 1060			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			