


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

06-28-2007 90001 011 \*\*\*150.00

<b>DOCUMENT # P05000057483</b>					
<b>1. Entity Name</b> APHAT DESIGNS INC.					
<b>Principal Place of Business</b> 2903 NE 163 ST 208 NORTH MIAMI BEACH, FL 33160			<b>Mailing Address</b> 2903 NE 163 ST 208 NORTH MIAMI BEACH, FL 33160		
<b>2. Principal Place of Business - No P.O. Box #</b> 815 NE 1 AV		<b>3. Mailing Address</b> 815 NE 1 AV			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Fort Lauderdale		<b>City &amp; State</b> Fort Lauderdale		<b>4. FEI Number</b> 42-1666529	
<b>Zip</b> 33304		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  APHAT, OSCAR 2903 NE 163 ST 208 NORTH MIAMI BEACH, FL 33160			<b>7. Name and Address of New Registered Agent</b> Name <u>APHAT OSCAR</u> Street Address (P.O. Box Number is Not Acceptable) 815 NE 1 AV City <u>Fort Lauderdale</u> <b>FL</b> <b>Zip Code</b> <u>33304</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> DATE <u>6/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> APHAT, OSCAR		<b>TITLE</b> President	<b>NAME</b> OSCAR Aphot	
<b>STREET ADDRESS</b> 2903 NE 163 ST #208	<b>CITY-ST-ZIP</b> NORTH MIAMI BEACH, FL 33160		<b>STREET ADDRESS</b> 815 NE 1 AV	<b>CITY-ST-ZIP</b> Fort Lauderdale, FL 33304	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date <u>6/25/07</u> Daytime Phone # <u>(786) 208 2329</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					