

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000057630

1. Entity Name
A. Y. DESIGNS CORP.



06 MAR -6 PM 1:14
STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4690 NW 102 AVENUE
201
MIAMI, FL 33178

Mailing Address
4690 NW 102 AVENUE
201
MIAMI, FL 33178

2. Principal Place of Business
Park Centre Shops
Suite, Apt. #, etc.
15358 NW 79th CT.
City & State
Miami Lakes, FL
Zip
33016
Country
USA

3. Mailing Address
Park Centre Shops
Suite, Apt. #, etc.
15358 NW 79th CT
City & State
Miami Lakes, FL
Zip
33016
Country
USA



63032006 Chg-P CR2E034 (11/05)

4. FEI Number
202701872
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
YANNUZZI, MARIA DEL R
4690 NW 102 AVENUE
201
MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name
Maria Alejandra Yannuzzi
Street Address (P.O. Box Number is Not Acceptable)
15358 NW 79th CT
City
Miami Lakes FL Zip Code
33016

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 _____ DATE _____
(NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YANNUZZI, MARIA DEL R 4690 NW 102 AVENUE # 201 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANNUZZI, MARIA A 4690 NW 102 AVENUE # 201 MIAMI, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YANNUZZI, ALBERTO 4690 NW 102 AVENUE # 201 MIAMI, FL 33178 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael valdes 15358 NW 79th CT Miami Lakes, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change ONLY 15358 NW 79th CT Miami Lakes, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000068111780 03/20/06--01027--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE _____ Daytime Phone # _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)