

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059744

FILED
Jan 12, 2009
Secretary of State

Entity Name: D'AMICO DESIGN ASSOCIATES, INC.

Current Principal Place of Business:

1941 N.E. 149 STREET
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1941 N.E. 149 STREET
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 75-3194245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIMMEL, ROBERT L
3191 CORAL WAY, PH-2
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: D'AMICO, THERESA
Address: 1941 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP () Delete
Name: LAMB, CHRISTOPHER
Address: 1941 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: T () Delete
Name: D'AMICO, MARTIN
Address: 1941 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: S () Delete
Name: D'AMICO, RITA
Address: 1941 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER D LAMB

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date