


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 006 ***150.00

DOCUMENT # P05000081123	
1. Entity Name DISENO!, INC.	

Principal Place of Business 1026 SHIMMERING SAND DR. OCOE, FL 34761	Mailing Address 1026 SHIMMERING SAND DR. OCOE, FL 34761
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
LATORRE, CARLOS R 1026 SHIMMERING SAND DR. OCOE, FL 34761	

40023271

02142006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2974111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name <u>Roseanne Latorre</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1026 Shimmering Sand Dr</u>	
City <u>OCOE</u>	FL Zip Code <u>34761</u>

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 Roseanne Latorre Roseanne Latorre 2-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATORRE, CARLOS R 1026 SHIMMERING SAND DR. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LATORRE, ROSEANNE E 1026 SHIMMERING SAND DR. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: CARLOS LATORRE CARLOS LATORRE 2/28/2006 407-782-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #