2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 28, 2008 08:00 Secretary of Star			
DOCUMENT # P05000081792					Sec	retary of Sta	
1. Entity Name ESTATE DESIGN AND DEVELOPMENT CORP							
		20.,,					
Principal Plac	ce of Business	Mailing Address					
333 NE 241		333 NE 24TH STREET					
DUCA KATU	N, FL 33431	BOCA RATON, FL 33431					
		K 1 1 2 2 3					
					LUI DIIII BANII BAIK ARKII BUJAK		
	O NOT WOITE	IN TUIC COA	ĈE .	04252008	No Chg-P C	R2E034 (11/05)	
	OO NOT WRITE	INTINIO, SPA	UE ,	4. FEI Number	725	Applied For	
			The state of the s	13-43009		Not Applicable \$8.75 Additional	
	6. Name and Address of Current R	agistered Agent		5. Certificate of	Status Desired	Fee Required	
		agreened Agent				The state of the s	
DRAGO, JAMES P 333 NE 24TH ST				DO N	OT WRI	TE.	
BOCA RA	TON, FL 33431			IN T	HIS SPAC	CF.	
					3.1		
6. The above	named entity submits this statement for t	the purpose of changing its register	red office or register	ed agent, or both,	in the State of Florida.	I am familiar with, and accept	
the obligat	tions of registered agent.		•	• .	•		
SIGNATURE.	Signature, typed or printed name of registered egent an	d title if applicable. (NOTE: Registers	ed Agent signature required	when rainstating)	· · ·	DATE	
	.E NOWIII FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		00 May Be ad to Fees			
10.	OFFICERS AND D	RECTORS			# A 10	THE TREE STATE	
TITLE NAME	PRES DRAGO, JAMES P						
STREET ADDRESS	333 NE 24 TH ST			,	1, 200		
CITY-ST-ZIP	BOCA RATON, FL 33431						
TITLE NAME					- : 500000329	247	
STREET ADDRESS CITY-ST-ZIP			The state of the s		35/21/08-800	B15009 150.00	
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP			and the same of	"DO· N	NOT WRI	TE:	
TITLE				IN T	HIS SPA	CE.	
NAME STREET ADDRESS			10.00		' !!	M a c a	
CITY-ST-ZIP				1000			
TITLE Name					t. *		
STREET ADDRESS			,			And the second second	
CITY-ST-ZIP							
NAME				٠			

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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

561-361-7161

Daytime Phone #