

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000085709

1. Entity Name
DESIGN HARMONY, INC.



Principal Place of Business
3420 S W 142 AVE
MIRAMAR, FL 33027

Mailing Address
3420 S W 142 AVE
MIRAMAR, FL 33027

**FILED
Apr 24, 2008 08:00 AM
Secretary of State**



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3002755	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORDOVA, ANGEL D
780 NW 42 AVE #416
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000917948
05/13/08-80062-021 150.00

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME SERRANO, SILVIA
STREET ADDRESS 3420 S W 142 AVE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VS
NAME CUCALON, ERNESTO
STREET ADDRESS 3420 S W 142 AVE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Design Harmony*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 (305)812-4019
Date Day/Phone #