

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101829

Entity Name: DO DESIGN FURNITURE INC.

FILED
Mar 23, 2008
Secretary of State

Current Principal Place of Business:

13740 NW 19TH AVENUE
BAY 7
OPALOCKA,, FL 33054

New Principal Place of Business:

Current Mailing Address:

13740 NW 19TH AVENUE
BAY 7
OPALOCKA,, FL 33054

New Mailing Address:

325 NW CAMROSE ST
PORT SAINT LUCIE, FL 34983

FEI Number: 20-4475960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, NIESON H
13740 NW 19TH AVENUE
BAY 7
OPALOCKA,, FL 33054 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: PD () Delete
Name: RODRIGUEZ, NIESON H
Address: 13740 NW 19TH AVENUE. BAY 7
City-St-Zip: OPALOCKA,, FL 33054

Title: VP () Delete
Name: RODRIGUEZ, NIESON H
Address: 13740 NW 19TH AVENUE. BAY 7
City-St-Zip: OPALOCKA, FL 33054

Title: SD () Delete
Name: PIEDAD, PATINO
Address: 13740 NW 19TH AVENUE. BAY 7
City-St-Zip: OPALOCKA, FL 33054

Title: TD () Delete
Name: PIEDAD, PATINO
Address: 13740 NW 19TH AVENUE. BAY 7
City-St-Zip: OPALOCKA, FL 33054

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: NIESON RODRIGUEZ

PD

03/23/2008

Electronic Signature of Signing Officer or Director

Date