

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90038 019 \*\*\*150.00

**DOCUMENT # P05000134821**

1. Entity Name  
**SETAI HOME DESIGN CORP.**



Principal Place of Business  
12355 NE 13 AVE STE 101  
N. MIAMI BEACH, FL 33161

Mailing Address  
12355 NE 13 AVE STE 101  
N. MIAMI BEACH, FL 33161

2. Principal Place of Business - No P.O. Box #

*1305 Hatteras Ct.*

Suite, Apt. #, etc.

3. Mailing Address

*1305 Hatteras Ct.*

Suite, Apt. #, etc.

02092007

Chg-P

CR2E034 (12/06)

City & State

*Hollywood FL*

City & State

*Hollywood, FL*

Zip

*33019*

Country

Zip

*33019*

Country

4. FEI Number

*20-3586274*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, ESPERANZA  
5757 COLLINS AVE #1904  
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*1305 Hatteras Ct.*

City

*Hollywood*

**FL**

Zip Code

*33019*

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 reinstating)

DATE

*3/08/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CASTRO, RIGOBERTO**  
STREET ADDRESS **5757 COLLINS AVE # 1904**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **VP** ☐ Delete  
NAME **PEREZ, ESPERANZA**  
STREET ADDRESS **5757 COLLINS AVE # 1904**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **T** ☐ Delete  
NAME **PEREZ, XIMENA**  
STREET ADDRESS **3424 SW 53 CT**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **S** ☐ Delete  
NAME **GARCEZ, ANGEL**  
STREET ADDRESS **3424 SW 53 CT**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *1305 Hatteras Ct.*  
CITY-ST-ZIP *Hollywood, FL 33019*

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *1305 Hatteras Ct.*  
CITY-ST-ZIP *Hollywood, FL 33019*

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *1305 Hatteras Ct.*  
CITY-ST-ZIP *Hollywood, FL 33019*

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *1305 Hatteras Ct.*  
CITY-ST-ZIP *Hollywood, FL 33019*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/08/07*

Date

Daytime Phone #