## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2008 08:00 A Secretary of State

ANNUAL REPORT					Mar 17, 2008 08			
DOCUI	MENT # P050001411				Secretar	y of Sta		
	S HOME DESIGN, INC							
Principal Place 608 WEST 28 HIALEAH, FL	T2 8	Mailing Address 608 WEST 28 ST HIALEAH, FL 33010			ı <b>12:01 8</b> /// <b>25</b> /// <b>84</b> // 14	81 11847 #1881 J1881 J1891 A	0.0 10H061 R 1001	
	A CONTRACT OF THE CONTRACT OF			02132008	No Chg-P	CR2E034 (11/		
· D	O NOT WRITE	CE	4, FEI Numb			Applied For		
وه خوا الهوا دوره والهاج	the second secon			33-112 5. Certificate	25566 of Status Desired	\$8.75	Not Applicable ( Additional quired	
`	6. Name and Address of Current Re	egistered Agent				R 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	," ,	
FIGUEROA, CRISTOBAL N 608 WEST 28 ST HIALEAH, FL 33010					NOT W THIS SF			
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent and		red office or regist		ath, in the State of Flo	orida. I am familiar	with, and accept	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	S. Election Campaign Fina     Trust Fund Contribution		5.00 May Be ided to Fees				
10.	OFFICERS AND D	IRECTORS			Marie Carlo	1	J. 3 7"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGUEROA, CRISTOBAL N 608 WEST 28 ST HIALEAH, FL 33010							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SI	PACE	in the second se	
TITLE NAME								

12. I hereby certify that the information supplied with this filing does not quality 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 trustge employment 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-218-5727 Date

Daylina Phone