

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 009 ***150.00

| | | | | | |
|---|-----------------------------------|---|--|--|--|
| DOCUMENT # P05000145396 1. Entity Name KUNTUR DESIGN, INC. | | | |  | |
| Principal Place of Business 8780 NORTHWEST 10TH STREET PEMBROKE PINES, FL 33024 | | | | Mailing Address 8780 NORTHWEST 10TH STREET PEMBROKE PINES, FL 33024 | |
| 2. Principal Place of Business 3528 NW 10th ST Suite, Apt. #, etc. | | 3. Mailing Address 3528 NW 10th ST Suite, Apt. #, etc. | |  | |
| City & State OAKLAND PARK FL | | City & State OAKLAND PARK FL | | 4. FEI Number 20-3702361 | |
| Zip 33309 Country USA | | Zip 33309 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GONZALEZ, ALFREDO | | NAME | | |
| STREET ADDRESS | 8780 NORTHWEST 10TH STREET | | STREET ADDRESS | | |
| CITY - ST - ZIP | PEMBROKE PINES, FL 33024 | | CITY - ST - ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GONZALEZ, SANTIAGO | | NAME | | |
| STREET ADDRESS | 8780 NORTHWEST 10TH STREET | | STREET ADDRESS | | |
| CITY - ST - ZIP | PEMBROKE PINES, FL 33024 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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:  | | | DATE: 4/12/6 DAYTIME PHONE: 954-401-6829 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |