2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148375

Entity Name: DINORA DESIGNS, INC.

FILED May 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10859 NW 7 STREET 9320 FONTAINEBLEAU BLVD

SUITE 24 SUITE B115 MIAMI, FL 33172 MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

10859 NW 7 STREET 9320 FONTAINEBLEAU BLVD

SUITE B115 SUITE 24 MIAMI, FL 33172 MIAMI, FL 33172

FEI Number: 06-1760229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GARAY, NORA GARAY, NORA 9320 FÓNTAINEBLEAU BLVD 10859 NW 7 STREET SUITE 24 SUITE B115 MIAMI, FL 33172 US MIAMI, FL 33172 US

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: NORA GARAY 05/23/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: ADM () Delete Title: **PRFS**

ALTAMIRANO, MARTHA Name: Name: GARAY, NORA 7353 NW 174 TERR, # 100 9320 FONTAINEBLEAU BLVD, SUITE B115 Address: Address:

City-St-Zip: MIAMI GARDENS, FL 33015 City-St-Zip: MIAMI, FL 33172

Title: () Delete Title: ADM () Change (X) Addition

ALTAMIRANO, MARTHA Name: Name:

Address: 7353 NW 174 TERRACE, UNIT 100 Address: MIAMI GARDENS, FL 33015 City-St-Zip: 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: NORA GARAY **PRES** 05/23/2007