2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:-

SIGNATURE AND THREE OR PRINTED NAME OF SIGNING GEFICER OF DIRECTOR

FILED Sep 04, 2007 8:00 am Secretary of State

DOCUMENT # P06000029752 1. Entity Name R & D HOME DESIGN, CORP							09-04-2007	90039 00	3 ***150	0.00	
Principal Place of Business 6783 STERLING ROAD DAVIE, FL 33314			Mailing Address 6783 STERLING ROADAVIE, FL 33314	6783 STERLING ROAD		1.000000	,	E(N ESCE 1120 (8)			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08212007	Chg-P	CR2E03	34 (12/06)		
City & State			City & State	City & State			ber 47940	90	- 	oplied For ot Applicable	
Žip	Country		Zip	·		5. Certificat	e of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
MORONTA, MERCEDES D 6783 STERLING ROAD					Street Address (P.O. Box Number is Not Acceptable)						
DAVIE, FL 33314											
					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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.						\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.1 I not receive	193(2)(b), l the prior r	F.S., the notice.	
10.	10. OFFICERS AND DIRECTORS					ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	16431 SV	A, MERCEDES D V 18TH STREET R, FL 33027	☐ Delete		I			•	Change	☐ Addition	
TITLE NAME	VP MORONT	'A, RAFAEL	☐ Delete	TITE	l l				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	16431 SW 18TH STREET MIRAMAR, FL 33027				EE1 ADDRESS 7-ST-ZIP					i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oclete		I .				Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
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 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.											