


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90091 031 ***150.00

| | |
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| DOCUMENT # P06000031477 |  |
| 1. Entity Name POGGI DESIGN, INC. | |

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| Principal Place of Business 545 SEVILLA AVE CORAL GABLES, FL 33134 | Mailing Address 545 SEVILLA AVE CORAL GABLES, FL 33134 |
|--|--|

40014400

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 316 Miracle Mile | 3. Mailing Address 316 Miracle Mile |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



02072007 Chg-P CR2E034 (12/06)

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|---|---|
| City & State Coral Gables, FL | City & State Coral Gables, FL |
| Zip 33134 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 20-4420317 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent KOZLOWSKI, STEVEN ROBERT ESQ. KOZLOWSKI LAW FIRM, P.A. 927 LINCOLN RD, SUITE 118 MIAMI BEACH, FL 33139 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST POGGI, JUAN 545 SEVILLA AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **02/07/07** **(305) 448-5469**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #