

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000071567

1. Entity Name
DESIGN CONNECTIONS, INC.



FILED

07 JUN 13 PM 12:55

STATE
ALABAMA, SEE, FLORIDA

Principal Place of Business
2149 IMPERIAL POINT DRIVE
FORT LAUDERDALE, FL 33308

Mailing Address
2149 IMPERIAL POINT DRIVE
FORT LAUDERDALE, FL 33308



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4954313

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEFALAS, ALEX
2149 IMPERIAL POINT DRIVE
FORT LAUDERDALE, FL 33308

Name
NANTIA Theoharis

Street Address (P.O. Box Number is Not Acceptable)

2149 IMPERIAL POINT DR

FORT LAUDERDALE

33308

City

FL

Zip Code

33308

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 Alex Kefalos

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

6/10/07

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KEFALAS, ALEX
STREET ADDRESS 2149 IMPERIAL POINT DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME NANTIA THEOHARIS
STREET ADDRESS 2149 IMPERIAL POINT DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Nantia Theoharis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/07

Date

954 9385280

Daytime Phone #

MOLLYINGS

* OUP

Alex Kefalos