

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/27/2007-90198-010-\$150.00-\$150.00

DOCUMENT # P06000073214

1. Entity Name
EXCLUSIVE DESIGN & CREATIONS CORP.



FILED
07 OCT 22 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1470 NE 123 STREET
SUITE 815
NORTH MIAMI, FL 33161 US

Mailing Address
PO BOX 612732
NORTH MIAMI, FL 33261 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 07

4. FEI Number
20-4966329

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

BIANCHI, EDUARDO C
1470 NE 123 STREET
815
NORTH MIAMI, FL 33161

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	BIANCHI, EDUARDO C		
STREET ADDRESS	PO BOX 612732		
CITY-ST-ZIP	NORTH MIAMI, FL 33261		

B 10/23

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: *[Signature]* 4/20/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #