2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# P06000093256

Entity Name: DAZZLING & DESIGN FINISH,INC.

Current Principal Place of Business:

2104 S CYPRESS BEND
102
POMPANO BCH, FL 33069 US

New Principal Place of Business:

11095 MALAYAN STREET
BOCA RATON, FL 33428 US

Current Mailing Address:

11095 MALAYAN ST
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 20-5313489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, NELIO F
2104 CYPRESS BEND
102
POMPANO BCH, FL 33069 US

Name and Address of New Registered Agent:

SILVA, NELIO F
11095 MALAYAN ST
102
BOCA RATON, FL 33428 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: 05/05/2009
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:

Title: P ( ) Delete
Name: SILVA, NELIO F
Address: 2104 S CYPRESS BEND DR #102
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VP ( ) Delete
Name: SILVA, CARLA L
Address: 2104 S CYPRESS BEND D\R #102
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SILVA, NELIO F
Address: 11095 MALAYAN ST
City-St-Zip: BOCA RATON, FL 33428 US

Title: VP (X) Change ( ) Addition
Name: SILVA, CARLA L
Address: 11095 MALAYAN ST
City-St-Zip: BOCA RATON, FL 33428 US

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: NELIO F SILVA P 05/05/2009
Electronic Signature of Signing Officer or Director Date