

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129905

FILED
Apr 05, 2007
Secretary of State

Entity Name: CDM DESIGN SOLUTIONS INC.

Current Principal Place of Business:

12864 BISCAYNE BLVD.
264
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12864 BISCAYNE BLVD.
264
NORTH MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 51-0605601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAVES, CLAUDIA X
12864 BISCAYNE BLVD.
264
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

CHAVES, CLAUDIA
12864 BISCAYNE BLVD.
264
NORTH MIAMI, FL 33181 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: CLAUDIA CHAVES

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAVES, CLAUDIA X
Address: 12864 BISCAYNE BLVD. #264
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHAVES, CLAUDIA
Address: 12864 BISCAYNE BLVD. #264
City-St-Zip: NORTH MIAMI, FL 33181 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA CHAVES

D

04/05/2007

Electronic Signature of Signing Officer or Director

Date