
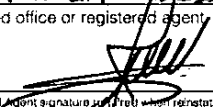
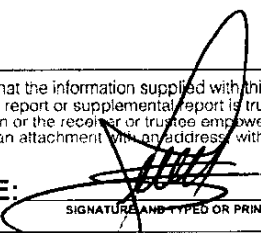


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90088 030 ***150.00

DOCUMENT # P06000146038 1. Entity Name 5TH ELEMENT DESIGNS INC.			
Principal Place of Business 2574 N UNIVERSITY DR 218 SUNRISE, FL 33322		Mailing Address 2574 N UNIVERSITY DR 218 SUNRISE, FL 33322 US	
2. Principal Place of Business - No P.O. Box # 5300 NW 33RD AVE Suite, Apt. #, etc. # 219 City & State FT. LAUDERDALE, FL Zip 33309 Country USA		3. Mailing Address 5300 NW 33RD AVE Suite, Apt. #, etc. # 219 City & State FT. LAUDERDALE, FL Zip 33309 Country USA	
4. FEI Number 20-5917997		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OROZCO, JOSE D 2574 N UNIVERSITY DR 218 SUNRISE, FL 33322		7. Name and Address of New Registered Agent Name JOSE D. OROZCO Street Address (P.O. Box Number is Not Acceptable) 5300 NW 33RD AVE. # 219 City FT. LAUDERDALE FL Zip Code 33309	
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: 04/22/08 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered agent signature is required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME OROZCO, JOSE M STREET ADDRESS 248 NW 119 LN CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 5300 NW 33RD AVE. # 219 STREET ADDRESS FT. LAUDERDALE, FL 33309 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
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 recorder 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:  JOSE OROZCO DATE: 04/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			