2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014127

Entity Name: VINCENT FILIGENZI DESIGN, INC.

FILED Jun 13, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9499 COLLINS AVENUE 690 SW 1ST COURT SUITE #803 APT 2714

SURFSIDE, FL 33154 MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

 9499 COLLINS AVENUE
 690 SW 1ST COURT

 SUITE #803
 APT 2714

 SURFSIDE, FL 33154
 MIAMI, FL 33130

FEI Number: 20-8356512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILIGENZI, VINCENT
9499 COLLINS AVENUE
SUITE #803
SURFSIDE, FL 33154 US
FILIGENZI, VINCENT
690 SW 1ST COURT
APT 2714
MIAMI, FL 33130 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: VINCENT FILIGENZI 06/13/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: FILIGENZI, VINCENT Name: FILIGENZI, VINCENT

Address: 9499 COLLINS AVENUE #803 Address: 690 SW 1ST COURT APT 2714

City-St-Zip: SURFSIDE, FL 33154 City-St-Zip: MIAMI, FL 33130

 Title:
 () Delete
 Title:
 VP () Change (X) Addition

 Name:
 Name:
 CASTELLANOS, WELLINAE

 Address:
 Address:
 690 SW 1ST COURT APT 2714

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33130

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: VINCENT FILIGENZI P 06/13/2008