## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P07000018129

**FILED** Jul 24, 2008 8:00 am Secretary of State

07-24-2008 90016 047 \*\*\*150.00

BINIOOS	eDWARD DESIGN, INC.						
Principal Place of Business 700 BILTMORE WAY		Mailing Address 700 BILTMORE WAY		401	40114004		
#609 Coral Gabl	ES, FL 33134	#609 Coral Gables, FL 33	3134	. 	IIM (EIK IIK) IIM EIN	) <b>32(6)</b> (( <b>36</b> ) (66) ((48) 218) (	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102008	Chg-P	CR2E034 (12/06	))
City & State		City & State		4. FEI Numbe	45034	<del>-,</del>	Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ <b>\$8.75</b> A Fee Requi	
6. Name and Address of Current Registered Agent			<b>A</b> 1	7. Name and Address of New Registered Agent			
SOLOMON	N, BRIGGS E		Name				
700 BILTM #609	IORE WAY		Street Address		r is Not Acceptable	)	
CORAL GA	ABLES, FL 33134		City			FL Zip Co	ode
8. The above the obligat	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registered office or re	gistered agent, or bot	h, in the State of Flo		h, and accer
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered Agent signature r	required when reinstating)		DATE	
						· · · · · · · · · · · · · · · · · · ·	
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008			\$5.00 May Be Added to Fees	In accordance was corporation did	vith s. 607.193(2)(b not receive the prio	), F.S., the r notice.
10.	ue by September 12, 2008 OFFICERS A	Trust Fund Con		Added to Fees	corporation did	vith s. 607.193(2)(b not receive the prio ICERS AND DIRECTO	r notice.
10.	OFFICERS A	Trust Fund Con	11.	Added to Fees	corporation did	not receive the prio	RS IN 11
10. TITLE NAME	OFFICERS A  D  SOLOMON, BRIGGS E	Trust Fund Con	11.  TITLE  NAME	Added to Fees	corporation did	not receive the prio	RS IN 11
10.	OFFICERS A	Trust Fund Con	11.	Added to Fees	corporation did	not receive the prio	RS IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS A  D  SOLOMON, BRIGGS E  700 BILTMORE WAY #609	Trust Fund Con	11. TITLE NAME STREET ADDRESS	Added to Fees	corporation did	not receive the prio	RS IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A  D  SOLOMON, BRIGGS E  700 BILTMORE WAY #609	ND DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	corporation did	not receive the prio	RS IN 11
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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 came 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 i changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

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