

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN -4 PM 4:40

TALLAHASSEE, FLORIDA

DOCUMENT # P07000019449
1. Entity Name North-PI Design Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business J.F. Kennedy Esq. Suite, Apt. #, etc. Ortega & Gasset, #210 City & State Santo Domingo	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL
Zip Rep. Dom.	Country USA

4. FEI Number 20-8675927	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name del Valle, Manuel R.	
	Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
	Suite 101	
	City Miami	FL Zip Code 33126-1222

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Ravelo, Rafael E. J.F. Kennedy Esq. Ortega & Gasset #210 Sto. Dom., Rep. Dom.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000156782950 06/04/09--01020--017 **600.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rafael E. Ravelo 4/13/09 809-566-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #