2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000070993

RIVERA, HENRY

4026 PEPPER TREE DRIVE

WESTON, FL 33332 US

Name:

Address:

City-St-Zip:

Entity Name: PREMIERE DESIGN SOLUTIONS, INC

FILED Jan 19, 2009 Secretary of State

Current P	rincipal Pl	ace of Business:	New Principal Place of	New Principal Place of Business:	
1825 MAIN STREET SUITE: 32 WESTON, FL 33326 US				4026 PEPPER TREE DRIVE WESTON, FL 33332 US	
Current M	lailing Add	ress:	New Mailing Address:	New Mailing Address:	
1825 MAIN SUITE: 32 WESTON,		US	1735 HECKLE BLVD SUITE: 111 - PMB: 338 ROCK HILL, SC 29732	US	
FEI Number:	: 26-0571068	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address (of Current Registered Agen	t: Name and Address of I	Name and Address of New Registered Agent:	
WESTON, The above	PER TREE FL 33332	US ity submits this statement for	the purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR					
0.014/(101		tronic Signature of Registered	I Agent	Date	
Election Car	npaign Finar	cing Trust Fund Contribution ().			
OFFICER	S AND DIR	ECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	4026 PEPF	() Delete RADO, NATALIA ER TREE DRIVE FL 33332 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:		() Delete UIS J ER TREE DRIVE FL 33332 US	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	CFO JURADO, J 2030 LAND ROCK HILL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	coo	(X) Delete	Title: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAIME JURADO CFO 01/19/2009