


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90183 046 ***150.00

DOCUMENT # P07000111436	
1. Entity Name DESIGN SOLUTIONS OF NORTH AMERICA, CORP.	

Principal Place of Business 1835 E HALLANDALE BCH BLVD #102 HALLANDALE, FL 33009	Mailing Address 1835 E HALLANDALE BCH BLVD #102 HALLANDALE, FL 33009
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2. Principal Place of Business - No P.O. Box # 1801 Middle River Dr.	3. Mailing Address
Suite, Apt. #, etc. #1	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State
Zip 33305	Country

	
03142008	Chg-P CR2E034 (12/06)
4. FEI Number 26-1229868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GABEL, TAMI 1835 E HALLANDALE BCH BLVD #102 HALLANDALE, FL 33009

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 Middle River Dr. #1 City Ft Lauderdale FL Zip Code 33305

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GABEL, TAMI 1835 E HALLANDALE BCH BLVD #102 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 Middle River Dr. #1 Ft Lauderdale, FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAPALE, FEDERICO D 1835 E HALLANDALE BCH BLVD #102 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 Middle River Dr. #1 Ft Lauderdale, FL 33305 <input checked="" 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tami Gabel 03/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #