

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
12 APR 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <u>711000082908</u>	
1. Entity Name <u>MRICH DESIGN CORP</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2830 PINETREE DR</u> Suite, Apt. #, etc. <u>#3</u>	3. Mailing Address <u>1348 WASHINGTON AVE</u> Suite, Apt. #, etc. <u>184</u>
City & State <u>MIAMI BEACH, FL</u>	City & State <u>MIAMI BEACH FL</u>
Zip <u>33140</u> Country <u>USA</u>	Zip <u>33139</u> Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>45-3338620</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>ROBERT RACHUN</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>11120 N. KENDAL DRIVE</u>	
	<u>SUITE # 201</u>	
	City <u>MIAMI</u> FL Zip Code <u>33176</u>	

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 _____

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	<u>MERCY RICH</u> <u>2830 PINETREE DR</u> <u>#3</u> <u>MIAMI BEACH, FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600232144346</u> <u>04/27/12--01002--002</u> **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAWKES
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	APR - 2012
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER

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: _____ 4/12/12 917.414.6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)