


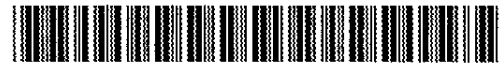
**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000011009</b> 1. Entity Name BARD DESIGN, INC.	
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Principal Place of Business 452 POINCIANA ISLAND DR NORTH MIAMI BEACH, FL 33160	Mailing Address 452 POINCIANA ISLAND DR NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0377799	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BARD, LINDA 452 POINCIANA ISLAND DR NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000101340 04/02/04-BU0009-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARD, LINDA 452 POINCIANA ISLAND DR NORTH MIAMI BEACH, FL 33160
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered

<b>SIGNATURE:</b> <u>Linda Bard</u> LINDA BARD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/24/04 305 354 2273 <small>Date Daytime Phone #</small>
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