

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90298 048 \*\*\*158.75

**DOCUMENT # P93000069227**

**1. Entity Name**

DESIGN TECH INTERNATIONAL INC



**Principal Place of Business**

8250 NW 27TH ST  
SUITE 301  
MIAMI FL 33122

**Mailing Address**

8250 NW 27TH ST  
SUITE 301  
MIAMI FL 33122

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

65-0448236

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

PIZARRO, CARLOS A  
8250 NW 27TH ST  
SUITE 301  
MIAMI FL 33122

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE DP ☐ Delete  
NAME PIZARRO, CARLOS A  
STREET ADDRESS 8250 NW 27 ST 301  
CITY-ST-ZIP MIAMI FL 33122

TITLE VP ☐ Delete  
NAME CHAVIANO, GERMAN A  
STREET ADDRESS 8250 NW 27 ST 301  
CITY-ST-ZIP MIAMI FL 33122

TITLE VP ☐ Delete  
NAME TROXELL, MICHAEL A  
STREET ADDRESS 8250 NW 27TH STREET #301  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 information provided.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*German Chaviano* 3/18/04 305-592-3477  
V.P.