


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0448236	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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	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.

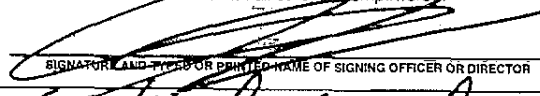
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000204021 01/29/05-80053-021 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP PIZARRO, CARLOS A 8250 NW 27 ST 301 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP CHAVIANO, GERMAN A 8250 NW 27 ST 301 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP Troxell, Michael A 8250 NW 27TH STREET #301 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Carlos Pizarro, Pres.	1/27/05 (305)-592-3477 <small>Date Daytime Phone #</small>
--	---