2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# P94000005596

Entity Name: MIAMI DESIGN CENTER, INC.

Current Principal Place of Business:

2249 NW 127 AVE.
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

2249 NW 127 AVE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 65-0462390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALI, SHIRAZ
2249 NW 127 AVE.
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: ALI, SHIRAZ
Address: 2249 NW 127 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VTSD ( ) Delete
Name: ALI, SHIRAZ
Address: 2249 NW 127 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: ALI, SHIRAZ
Address: 2249 NW 127 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PC ( ) Change (X) Addition
Name: ALI, SHIRAZ
Address: 2249 NW 127 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PRES ( ) Change (X) Addition
Name: ALI, SHIRAZ
Address: 2249 NW 127 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V.P. ( ) Change (X) Addition
Name: ALI, SHIRAZ
Address: 2249 NW 127 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRAZ ALI PRES 01/09/2008

Electronic Signature of Signing Officer or Director — Date