

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005596

FILED  
Mar 08, 2012  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** ALI, SHIRAZ  
**Address:** 2249 NW 127 AVE.  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

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

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

**Title:** PRES  
**Name:** ALI, SHIRAZ  
**Address:** 2249 NW 127 AVE.  
**City-St-Zip:** PEMBROKE PINES, FL 33028

**Title:** V.P.  
**Name:** ALI, SHIRAZ  
**Address:** 2249 NW 127 AVE.  
**City-St-Zip:** PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

**SIGNATURE:** SHIRAZ ALI

PRES

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date