


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90099 027 \*\*\*150.00

<b>DOCUMENT # P94000008879</b>	
1. Entity Name <b>STEFAN DESIGN, INC.</b>	

Principal Place of Business <b>1610 NW 118 TERRACE PEMBROKE PINES, FL 33026</b>	Mailing Address <b>1610 NW 118 TERRACE PEMBROKE PINES, FL 33026</b>
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**50011048**

2. Principal Place of Business <b>7243 VIA LURIA</b>	3. Mailing Address <b>7243 VIA LURIA</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04092006 Chg-P CR2E034 (11/05)

City & State <b>LAKE WORTH FL</b>	City & State <b>LAKE WORTH FL</b>
Zip <b>33467</b>	Country <b>FLORIDA BEACH</b>

4. FEI Number <b>65-0465349</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>STEFAN-DOGAR, SORIN 1610 NW 118TH TERR PEMBROKE PINES, FL 33026</b>	
7. Name and Address of New Registered Agent Name <b>STEFAN-DOGAR SORIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7243 VIA LURIA</b> City <b>LAKE WORTH</b> FL Zip Code <b>33467</b>	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEFAN-DOGAR, SORIN 1610 NW 118TH TERR PEMBROKE PINES, FL 33026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEFAN-DOGAR SORIN 7243 VIA LURIA LAKE WORTH FL 33467</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.

**SIGNATURE:**  **04.07.06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #