

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000020496

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** DESIGN CONSULTANT GROUP OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
SUITE 405  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

5800 SW 84 ST  
MIAMI, FL 33143

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
SUITE 405  
CORAL GABLES, FL 33134

**New Mailing Address:**

5800 SW 84 ST  
MIAMI, FL 33143

**FEI Number:** 65-0473426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAZQUEZ, SILVIO  
299 ALHAMBRA CIRCLE  
SUITE 405  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

VAZQUEZ, SILVIO  
5800 SW 84 ST  
MIAMI, FL 33143 US

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:

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VAZQUEZ, SILVIO  
Address: 5800 SW 84 ST  
City-St-Zip: MIAMI, FL 33143

Title: VP  
Name: RESTREPO, MONICA  
Address: 5800 SW 84 ST  
City-St-Zip: MIAMI, FL 33143

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: SILVIO VAZQUEZ

P

02/25/2011

Electronic Signature of Signing Officer or Director

Date