

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000004979

1. Entity Name
BALI DESIGN GROUP, INC.



Principal Place of Business
**3500 NW BOCA RATON BLVD
SUITE #610
BOCA RATON FL 33431**

Mailing Address
**3500 NW BOCA RATON BLVD
SUITE #610
BOCA RATON FL 33431**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0551590** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

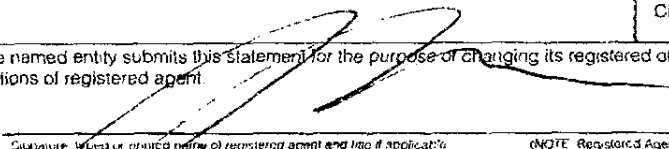
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALISTRERI, JOHN E
3500 NW BOCA RATON BLVD
SUITE #610
BOCA RATON FL 33431**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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  DATE **2/15/06**

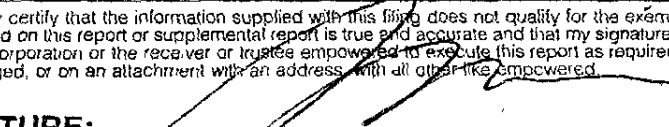
Signature of individual or principal officer of registered agent and filer if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May E-
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALISTRERI, JOHN E 3500 NW BOCA RATON BLVD, # 610 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Ret U00000434221 02/24/06-80049-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Ret
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add/Ret

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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 empowered.

SIGNATURE:  DATE **2/15/06** **661-392-5461**

SIGNATURE AND VERIFIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR