

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P95000025638

1. Entity Name
P.E. DESIGNS CORPORATION



FILED

**Apr 16, 2007 08:00 AM
Secretary of State**



1st MOORE CR2E034 (10/06)

Principal Place of Business 870 NW 19 AVE. MIAMI FL 33125 US		Mailing Address 870 NW 19 AVE. MIAMI FL 33125 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FERRERA, PEDRO 870 NW 19TH AVE MIAMI FL 33142				7. Name and Address of New Registered Agent 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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PSD FERRERA, PEDRO 870 NW 19 AVE. MIAMI FL 33125	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP U00000712467 04/26/07-80048-007 150.00
NAME STREET ADDRESS CITY-ST-ZIP	VTD FERRERA, EMMA A 870 NW 19 AVE. MIAMI FL 33125	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
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NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/07

Date

Daytime Phone #