2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000032328

1. Entity Name
HOME DESIGN STORE, INC.

Principal Place of Business	Mailing Address
490 BILTMORE WAY	490 BILTMORE WAY
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0587277	Not Applicable

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

6. Name and Address of Current Registered Agent

GUARINO, JOHN P
490 BILTMORE WAY
MIAMI, FL 33134

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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 _____

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** | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUARINO, JOHN P
STREET ADDRESS	490 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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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 like empowered.

SIGNATURE: _____ ‒JOHN GUARINO 1/18/7 (305) 445-1421

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