## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # P95000046846** DESJARDINS DESIGN GROUP, INC. Principal Place of Business \_\_\_\_\_\_\_\_ Mailing Address 1111 KANE CONCOURSE C/O 2699 STIRLING ROAD SUITE C-307 SUITE 305 BAY HARBOR ISLANDS, FL 33154 FT. LAUDERDALE, FL 33312 No Chg-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0600403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLEIER, HENRY CPA DO NOT WRITE 2699 STIRLING ROAD SUITE C-307 IN THIS SPACE FORT LAUDERDALE, FL 33312 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 Fiorida. 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE DESJARDINS, BERNARD E NAME STREET ADDRESS 1111 KANE CONCOURSE, STE 305 BAY HARBOR ISLANDS, FL 33154 CITY-ST-ZIP U00000210232 D2/02/05-80069-018 150.00 TITLE MANAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 within address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED