

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000013030	
1. Entity Name TILLBERG DESIGN U.S., INC.	

Principal Place of Business 2300 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	Mailing Address TILLBERG DESIGN U.S. 2300 E LAS OLAS BLVD FT LAUDERDALE, FL 33301
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04252005 No Chg-P CR2E034 (10/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0649894	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LIPSON, SAUL B
1515 UNIVERSITY DR #222
CORAL SPRINGS, FL 33071**

DO NOT WRITE IN THIS SPACE

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 reappointing)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLBERG, TOMAS 2300 E. LAS OLAS BLVD. FT LAUDERDALE, FL 33301
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05/02/05-80104-012-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: Tillberg 20 Apr. 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #