


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90053 025 ***150.00

DOCUMENT # P96000096924

1. Entity Name
DESIGNAPOLIS, INC.



Principal Place of Business Mailing Address

15715 S DIXIE HWY 15715 S DIXIE HWY
 STE 312 STE 312
 MIAMI, FL 33157 US MIAMI, FL 33157 US

2. Principal Place of Business 3. Mailing Address

13615 S. DIXIE HWY **13615 S. DIXIE HWY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

324 **# 324**

City & State City & State

MIAMI FL **MIAMI FL**

Zip Country Zip Country

33176 **DADE** **33176** **DADE**



01042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

PABA, IRINA E
8621 SW 146 ST
MIAMI, FL 33158

4. FEI Number Applied For

65-0714931 Not Applicable

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

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 *Irina E Paba* DATE 2/24/06

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OSORIO, EFRAIN 8621 SW 146 ST MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PABA, IRINA E 8621 SW 146 ST MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Irina E Paba* Date 2/24/06 Daytime Phone # (305) 251-9346

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