


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90028 021 \*\*\*158.75

<b>DOCUMENT # P97000016284</b> 1. Entity Name <b>BELKIS &amp; SANDY DESIGNS INC</b>			
Principal Place of Business <b>7371 SW 8TH ST.</b> <b>MIAMI, FL 33144 US</b>		Mailing Address <b>7371 SW 8TH ST.</b> <b>MIAMI, FL 33144 US</b>	
2. Principal Place of Business - No P.O. Box # <b>10764 SW 24 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>10764 SW 24 ST</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33165</b>		City & State <b>Miami, FL</b> Zip <b>33165</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0734542</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PUMARIEGA, SANDRA</b> <b>7955 NW 12 ST.</b> <b>STE 400</b> <b>MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>PUMARIEGA, SANDRA</b> STREET ADDRESS <b>7371 SW 8TH ST.</b> CITY-ST-ZIP <b>MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE <b>Director</b> NAME <b>Pumariaga, Sandra</b> STREET ADDRESS <b>10764 SW 24 street</b> CITY-ST-ZIP <b>Miami, FL 33165</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____		Date <b>7-10-08</b> Daytime Phone # <b>305-553-0299</b>	