2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 12, 2005 08:00 AM
Secretary of State

305-5TY-0TFT

DOCUMENT # P97000017640 1. Entity Name DESIGN DEVELOPMENT GROUP, INC.				Secretary of State			
Principal Place 2910 SW 10 MIAMI, FL 3	O3 AVE	Mailing Address 2910 SW 103 AVE MIAMI, FL 33165	. —				
ם	OO NOT WRITE I	CE	01072005 No Chg-P CR2E034 (10/0 4. FEI Number 65-0729647 5. Certificate of Status Desired \$8.75 Fee Req				
	RO, MARIA E 103RD AVE	artica Agent			NOT WI		
8. The above named entity subsequent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I syll familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I syll familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I syll familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I syll familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I syll familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I syll familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I syll familiar with, and accept the obligations of registered agent syll familiar with accept the obl							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	ncing \$5.	00 May Be ed to Fees			
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	OFFICERS AND DIRE PSD GUERRERO, MARIA E 2910 SW 103RD AVE MIAMI, FL 33165	CTORS			ພດຄວກນ 01/12/05-(178058 30013-006 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DENIS, JULIA R 2845 SW 103RD CT MIAMI, FL 33165	· -			<i>.</i>	10010	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A		·			
indicated of the corporated changed,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with a	hiting does not qualify for the exer and accurate and that my signate of to execute this report as require the like empowered.	nption stated in Sec ure shall have the s ed by Chapter 607,	ction 119,07(3)(i), I ame legal effect a Florida Statutes; a	Florida Statutes, I f s if made under ca and that my name	further certify that the information with; that I am an officer or director appears in Block 10 or Block 11 if	