2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P97000033124

Entity Name: PASTELS DESIGN, INC.

Current Principal Place of Business:

1842 S. FLORESTA DR.
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

1842 SE FLORESTA DR.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

1842 S. FLORESTA DR.
PORT SAINT LUCIE, FL 34983

New Mailing Address:

1842 S.E. FLORESTA DR.
PORT SAINT LUCIE, FL 34983

FEI Number: 65-0758940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BITETTO, VITO
1842 SE FLOREST DR.
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BITETTO, MARIEN
Address: 1842 S. FLORESTA DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: C ( ) Delete
Name: BITETTO, LUCY
Address: 601 N.W. 77TH AVENUE
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete
Name: BITETTO, VITO
Address: 1842 SE FLOREST DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BITETTO, VITO
Address: 1842 S.E. FLORESTA DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BITETTO, MAIREN
Address: 1842 SE FLOREST DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VITO BITETTO P 04/08/2004

Electronic Signature of Signing Officer or Director — Date