

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

06-13-2007 90003 006 \*\*\*150.00

**DOCUMENT # P97000033124**

1. Entity Name  
PASTELS DESIGN, INC. A DIVISION OF SOCIETY  
BUILDERS



Physical Address: 1184 SE VILLAGE GREEN DR 1184 SE VILLAGE GREEN DR  
1829 SW BILTMORE STREET 1829 SW BILTMORE STREET  
PORT SAINT LUCIE, FL 34984 34952 PORT SAINT LUCIE, FL 34984 34952

4012000



06072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0758940  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BITETTO, VITO
STREET ADDRESS	1842 S.E. FLORESTA DR.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	C
NAME	BITETTO, LUCY
STREET ADDRESS	601 N.W. 77TH AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP
NAME	BITETTO, ROCCO
STREET ADDRESS	1842 SE FLOREST DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Vito Bitetto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/07 (772) 871-6313  
Date Daytime Phone #