

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90017 036 ***150.00

DOCUMENT # P97000033124

1. Entity Name

PASTELS DESIGN, INC. A DIVISION OF SOCIETY BUILDERS



Principal Place of Business

**1484 S.E. VILLAGE GREEN DR
PORT SAINT LUCIE FL 34952**

Mailing Address

**1484 S.E. VILLAGE GREEN DR
PORT SAINT LUCIE FL 34952**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

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

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

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete
NAME	BITETTO, VITO	
STREET ADDRESS	1842 S.E. FLORESTA DR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BITETTO, LUCY	
STREET ADDRESS	601 N.W. 77TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BITETTO, ROCCO	
STREET ADDRESS	1842 SE FLOREST DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *X Vito Bitetto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08
Date

Daytime Phone