

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90683 001 ***150.00

DOCUMENT # P97000037313

1. Entity Name
NEW DESIGN OF SO FLORIDA CORP



Principal Place of Business
**1240 SOUTH DIXIE HWY
CORAL GABLES, FL 33146**

Mailing Address
**1510 ALTON ROAD
MIAMI, FL 33139**

94079400



2. Principal Place of Business

1510 ALTON ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State

MIAMI BEACH, FL

City & State

4. FEI Number
65-0749952

Applied For

Not Applicable

Zip

33139

Country

USA.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARULANDA, MILDRED
1240 SO DIXIE HIGHWAY
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1510 ALTON ROAD

City

MIAMI BEACH

FL

Zip Code

33139

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **MARULANDA, MILDRED**
CITY-ST-ZIP **1510 ALTON RD
MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **SIERRA, VIRGILIO**
CITY-ST-ZIP **1510 ALTON RD
MIAMI, FL 33139**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MCCOULEY, JOE**
CITY-ST-ZIP **1510 ALTON RD
MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04129104

Date

Daytime Phone #