

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90032 048 ***150.00

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1. Entity Name
TEAM WORK DESIGN, CORP.



Principal Place of Business
**163 NE 24 ST
MIAMI, FL 33137**

Mailing Address
**163 NE 24 ST
MIAMI, FL 33137**

54027240



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0759419

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SIDELNIK, GUSTAVO
2205 SW 28 STREET
MIAMI, FL 33133**

7. Name and Address of New Registered Agent
Name **HORACIO TICERA**
Street Address (P.O. Box Number is Not Acceptable)
163 NE 24 STREET
City **MIAMI** **FL** Zip Code **33137**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDELNIK, GUSTAVO 2205 SW 28 STREET MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUSTAVO SIDELNIK 163 NE 24 ST. MIAMI, FL 33137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNIOLO, SILVANA 2205 SW 28TH ST MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVANA CUNIOLO 163 NE 24 ST. MIAMI, FL 33137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICERA, HORACIO 2205 SW 28 STREET MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HORACIO TICERA 163 NE 24 ST MIAMI, FL 33137 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 another fee empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone: # _____

03-30-2004 786-621-2445