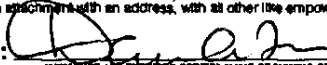


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000004822					
1. Entity Name MEDITERRANEAN DESIGNS, INC.					
Principal Place of Business 433 PABLO AVE JACKSONVILLE BCH, FL 32250			Mailing Address 433 PABLO AVE JACKSONVILLE BCH, FL 32250		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent FAVA, DONNA 433 PABLO AVE JACKSONVILLE BCH, FL 32260				7. Name and Address of New Registered Agent 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 effecting change.) DATE _____					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	☐ Delete				
NAME	FAVA, DONNA				
STREET ADDRESS	229 PABLO ROAD				
CITY-STATE-ZIP	PONTE VEDRA BEACH, FL 32082				
TITLE	☐ Delete				
NAME	FAVA, GIORGIO F				
STREET ADDRESS	229 PABLO RD				
CITY-STATE-ZIP	PONTE VEDRA BEACH, FL 32082				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-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:  4/29/03					
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY OR DIRECTOR					

11030487



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3529870** Applied For
Not Applicable

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

CPRE034 (10/02)