

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058177

FILED
Jan 13, 2004
Secretary of State

Entity Name: DIRECT COMMUNICATION AND DESIGN, INC.

Current Principal Place of Business:

2666 TIGERTAIL AVE, #202
MIAMI, FL 33133

New Principal Place of Business:

2666 TIGERTAIL AVE
#202
MIAMI, FL 33133

Current Mailing Address:

2666 TIGERTAIL AVE, #202
MIAMI, FL 33133

New Mailing Address:

2666 TIGERTAIL AVE
#202
MIAMI, FL 33133

FEI Number: 65-0846278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, LISA
2666 TIGERTAIL AVE, #202
MIAMI, FL 33133

Name and Address of New Registered Agent:

LEVIN, LISA
2666 TIGERTAIL AVE
#202
MIAMI, FL 33133

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.

SIGNATURE:

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVIN, LISA
Address: 2666 TIGERTRAIL AVE #202
City-St-Zip: MIAMI, FL 33133

Title: VPT () Delete
Name: LEVIN, BARBARA
Address: 3976 194 TRAIL
City-St-Zip: MIAMI BCH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: LEVIN, BARBARA
Address: 3976 194 TRAIL
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA LEVIN

MS

01/13/2004

Electronic Signature of Signing Officer or Director

Date