

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Jul 07, 2004 08:00 AM
Secretary of State****DOCUMENT # P98000058295**

1. Entity Name

W.R. DESIGN GROUP, INC.



Principal Place of Business

5801 N FEDERAL HWY
BOCA RATON, FL 33487

Mailing Address

5801 N FEDERAL HWY
BOCA RATON, FL 33487

04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0863064

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

RUBIN, WALTER
5801 N FEDERAL HWY
BOCA RATON, FL 33487**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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 FeesU00000163460
07/07/04-80004-006 550.00

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIPD
RUBIN, WALTER
5801 N FEDERAL HWY
BOCA RATON, FL 33487TITLE
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

7/1/04

561-999-9676