2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000059259

1. Entity Name
INTEGRA DESIGNS, INC.

Principal Place of Business	Mailing Address
602 N.W. 98 COURT MIAMI, FL 33172	602 N.W. 98 COURT MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

01242004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0858736	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

FIQUEROA, RONALDO R C.P.A.
6401 S.W. 87 AVENUE
SUITE 202
MIAMI, FL 33173

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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	UN0000112858 04/14/04-80038-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANOR, NURIA
STREET ADDRESS	602 N.W. 98 COURT
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	VD
NAME	DE ANOR, NURIA
STREET ADDRESS	602 N.W. 98 COURT
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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   Date   Daytime Phone #