ANNUAL REPORT

May $0\overline{3}$, $\overline{2004}$ 8:00 am **DOCUMENT # P98000091550 Secretary of State** 1. Entity Name MIAMI DESIGN BUILDERS, INC. 05-03-2004 91051 050 ***150.00 Principal Place of Business Mailing Address 150 SOUTHEAST 25 ROAD PO BOX 652038 SUITE 61 MAM, FL 33265 MAM, FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0871271 Not Applicable Ziρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOTO, ROCIO Street Address (P.O. Box Number is Not Acceptable) 150 SE 25 RD #61 MIAMI, FL 33129 City 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 □ Delete TITLE ROSIO, SOTO ROCIO, ROCIO NAME NAME 150 SW 25 RD STE 61 STREET ADDRESS: STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME TAMAYO, ENRIQUE J 🧳 NAME STREET ADDRESS 395 NW 86 PLACE #1 STREET ADDRESS MIAMI, FL 33126 CFTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition TANAYO, MAGGIE NAME NAME TAMAYO MAGGIE 395 NW 86 PLACE #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition SOTO, NANCY NAME NAME 150 SE 25 Road, 6 J 150 SE 25TH RD #65 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

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changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED