

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000002194			
1. Entity Name B AND K DESIGN, INC.			
Principal Place of Business 177 NORTH WEST 105TH STREET MIAMI FL 33150		Mailing Address 177 NORTH WEST 105TH STREET MIAMI FL 33150	
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		7. Name and Address of New Registered Agent	
MACHADO, MARCIA 177 NORTH WEST 105TH STREET MIAMI FL 33150		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 _____ DATE _____ <small>Signature Type 1 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0885996** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May P Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERIQUITO, CARLOS EDUARDO 177 NORTH WEST 105TH STREET MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000546316 05/11/06-80113-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MACHADO, MARCIA 177 NORTH WEST 105TH STREET MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Marcia Machado / MARCIA MACHADO 4-25-2006 305-759-937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #