

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000006985

1. Entity Name
A/DESIGN INTERNATIONAL FORUM, INC.



FILED
Mar 21, 2008 08:00 A
Secretary of State

Principal Place of Business
2485 EAST SUNRISE BLVD.
SUITE 200
FORT LAUDERDALE, FL 33304-3100

Mailing Address
2485 EAST SUNRISE BLVD.
SUITE 200
FORT LAUDERDALE, FL 33304-3100



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0891219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POOLE, ANN
2485 EAST SUNRISE BLVD.
SUITE 200
FORT LAUDERDALE, FL 33304-3100

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
POOLE, ANN
2485 EAST SUNRISE BLVD., STE. 200
FORT LAUDERDALE, FL 333043100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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STREET ADDRESS
CITY-ST-ZIP

U00000866019
04/08/08-80011-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ann Poole ANN POOLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR - 18, 2008 (954) 566-7557

Date

Daytime Phone