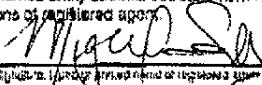
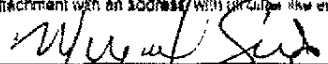


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000022213		
1. Entity Name MIGUEL ANGEL DESIGN, INC.		
Principal Place of Business 7782 W 2ND CT HIALEAH, FL 33016		Mailing Address 7782 W 2ND CT HIALEAH, FL 33016
 DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SANCHEZ, MARGARITA 7782 W 2ND CT HIALEAH, FL 33014		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 of current registered agent or registered office with which the corporation is registered. DATE 4-25-04		
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
10. OFFICERS AND DIRECTORS		
TITLE	NAME PD SANCHEZ, MIGUEL	DO NOT WRITE IN THIS SPACE
STREET ADDRESS	7880 WEST 20TH AVENUE	
CITY- ST- ZIP	HIALEAH, FL 33016	
TITLE	NAME D SANCHEZ, MARGARITA	
STREET ADDRESS	7880 WEST 20TH AVENUE	
CITY- ST- ZIP	HIALEAH, FL 33016	
TITLE	NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY- ST- ZIP		
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address/with an officer like empowered.		
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR		4-25-04 Date