

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000022213

1. Entity Name
MIGUEL ANGEL DESIGN, INC.



4/

FILED
May 18, 2005 8:00 am
Secretary of State

04-12-2005 90145 022 ***150.00

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

66017700



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0964067	Applied For Not Applic
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ, MARGARITA 7782 W 2ND CT HIALEAH, FL 33014

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$450.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SANCHEZ, MIGUEL
STREET ADDRESS	7880 WEST 20TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	SANCHEZ, MARGARITA
STREET ADDRESS	7880 WEST 20TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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, 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

5-11-05 305 821-0224
Date Daytime Phone #