

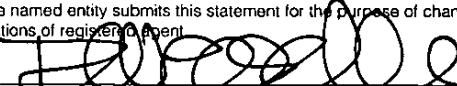
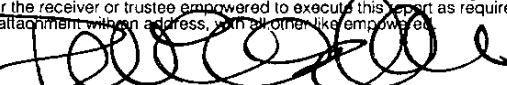


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90134 005 ***150.00

DOCUMENT # P99000074016 1. Entity Name DEBORAH WECELMAN DESIGN, INC.					
Principal Place of Business PO BOX 546736 SURFSIDE, FL 33154			Mailing Address PO BOX 546736 SURFSIDE, FL 33154		
2. Principal Place of Business 7300 Biscayne Blvd Suite, Apt. #, etc. 300		3. Mailing Address 7300 Biscayne Blvd Suite, Apt. #, etc. 300			
City & State Miami, FL		City & State Miami, FL		03012006 Chg-P CR2E034 (11/05)	
Zip 33138		Country USA		4. FEI Number 65-0964083	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEBORAH WEASELMAN DESIGN, INC. 1340 BISCAYA DR. SURFSIDE, FL 33154			7. Name and Address of New Registered Agent 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 03/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME WECELMAN, DEBORAH STREET ADDRESS 2875 N.E. 191ST ST., STE. 702C CITY-ST-ZIP AVENTURA, FL 33180			<input checked="" type="checkbox"/> Delete		
TITLE WECELMAN DEBORAH NAME 7300 Biscayne Blvd / 300 STREET ADDRESS MIAMI - FL - 33138 CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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 			03/14/06 (305) 758-1112		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



ATTACHMENT
20017446
Division of Corporations

Annual Report

Annual Report Help

Document Number

P99000074016

Business Entity Name

DEBORAH WECELMAN DESIGN, INC.

FEI Number

650964083

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address **7300 Biscayne Boulevard**

Suite, Apt. #, etc. **Suite 300**

City, State **Miami**, **FL**

Zip Code & Country **33138**

Mailing Address

Address **7300 Biscayne Boulevard**

Suite, Apt. #, etc. **Suite 300**

City, State **Miami**, **FL**

Zip Code & Country **33138**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

DEBORAH WEASELMAN DESIGN, INC.

Address (PO Box is not acceptable) **7300 Biscayne Boulevard**

Suite, Apt. #, etc. **Suite 300**

City, State **Miami**, **FL**

Zip Code & Country **33138** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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P99000074016

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D
Name (Last, First, Middle, Title) WECSELMAN, DEBORAH

- OR -

Entity Name to serve as
Officer/Director

Street Address 7300 Biscayne Boulevard
City, State Miami, FL
Zip Code & Country 33138

Title _____
Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as
Officer/Director

Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as
Officer/Director

Street Address _____
City, State _____
Zip Code & Country _____

Title _____

ATTACHMENT

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

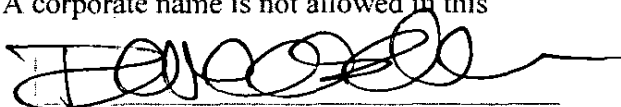
City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

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