

2007 FOR PROFIT CORPORATION ANNUAL REPORT

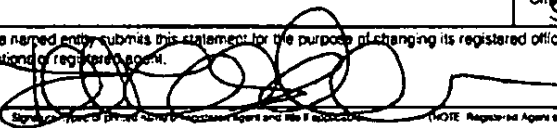
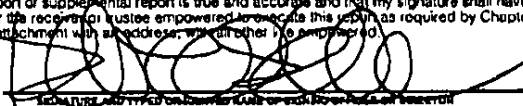
03-12-2007 90092 013 ***150.00
P99000074016

3/

FILED

07 APR 24 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074016					
1. Entity Name DEBORAH WECELMAN DESIGN, INC.					
Principal Place of Business 7300 BISCAYNE BLVD. 300 MIAMI, FL 33138			Mailing Address 7300 BISCAYNE BLVD. 300 MIAMI, FL 33138		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0964083	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBORAH WEASELMAN 1340 BISCAYA DR. SURFSIDE, FL 33154			7. Name and Address of New Registered Agent Name DEBORAH WECELMAN Street Address (P.O. Box Number is Not Acceptable) 1340 BISCAYA DRIVE City SURFSIDE FL Zip Code 33154		
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 03/08/07					
FILE NOW!!! FEB IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WECELMAN, DEBORAH	NAME			
STREET ADDRESS	7300 BISCAYNE BLVD. #300	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 three attachment with address; and that I am employed.					
SIGNATURE:  DATE 03/08/07 (305) 758-1112					