

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080925

Entity Name: DESIGNED INTERIORS, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1815 CORDOVA RD.
203
FORT LAUDERDALE, FL 33316

Current Mailing Address:

1815 CORDOVA RD.
203
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

901 SOUTH FEDERAL HWY
201
FORT LAUDERDALE, FL 33316

New Mailing Address:

901 SOUTH FEDERAL HWY
201
FORT LAUDERDALE, FL 33316

FEI Number: 65-0948133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, ELLIOT
1815 CORDOVA RD. 33316
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

ACOSTA, ELLIOT
901 SOUTH FEDERAL HWY
201
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ACOSTA, ZAZA
Address: 1815 CORDOVA RD SUIT 203
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: P () Delete
Name: ACOSTA, ELLIOT
Address: 1815 CORDOVA RD SUITE 203
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ACOSTA, ZAZA
Address: 901 SOUTH FEDERAL HWY SUITE 201
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: P (X) Change () Addition
Name: ACOSTA, ELLIOT
Address: 901 SOUTH FEDERAL HWY SUITE 201
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT ACOSTA

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date