


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # P99000089497	
1. Entity Name J. DESIGN GROUP, INC.	

Principal Place of Business 7951 S.W. 40TH ST. SUITE 206 MIAMI, FL 33155	Mailing Address 7951 S.W. 40TH ST. SUITE 206 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0958468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A&A REGISTERED AGENTS, INC. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/16/08-80015-001 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORREDOR, JENNIFER 7951 S.W. 40TH ST. SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORREDOR, PABLO 7951 S.W. 40TH ST. SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE JESUS LEY, HUGO 7951 S.W. 40TH ST. SUITE 206 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	305.444.4611	08.
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>