2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000094343

1. Entity Name

DUQUE DESIGN ASSOCIATES, INC.



Principal Place of Business

Mailing Address

800 S.E. 3RD AVE STE 301 FT LAUDERDALE, FL 33316

800 S.E. 3RD AVE STE 301 FT LAUDERDALE, FL 33316

FILED Apr 25, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0961145

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUQUE, ANITA 800 S.E 3RD AVE STE 301 FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p	ourpose of changing its registere	l ad office or re	gistered agent, or bo	oth, in the State of Florida. I am famil	iar with, and accep
the obligat	ions of registered agent. Signature, typed or printed name of registered agent and little	d appkcable. (NOTE: Registere	d Agent signature	required when reinstating)	. DATE	· · · · · · · · · · · · · · · · · · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		U00000731271 05/08/07-80116-004 150.00		
10.	OFFICERS AND DIREC	CTORS	,	94, 5 34	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUQUE, ANITA 800 S.E. 3RD AVE STE 301 FT LAUDERDALE, FL 33316			. 6		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					State of the state	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	· · · · · · · · · · · · · · · · · · ·
TITLE			1	IN.	THIS SPACE	

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 attacpment with an address) with all other like empowered.

SIGNATURE

STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP
CHY-ST-ZIP
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

043107

x954-696-6642

Date

Daylime Phone #