2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000097052

1. Entity Name
BARONI DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
446 MADEIRA AVE	446 MADEIRA AVE
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0983068	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARONI, CLAUDIA
446 MADEIRA AVE
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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: _____   4/29/2007
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered 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 Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000758640 05/24/07-80011-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BARONI, CLAUDIA
STREET ADDRESS	446 MADEIRA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ CLAUDIA BARONI   4/29/07   786/2235665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #