


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90113 025 ***150.00

DOCUMENT # P99000097052			
1. Entity Name ESPANSANDE & BARONI DESIGN GROUP CORP. Baroni Design Group, INC.			
Principal Place of Business 911 EAST PONCE DE LEON BLVD., STE. 1603 CORAL GABLES FL 33134		Mailing Address 911 EAST PONCE DE LEON BLVD., STE. 1603 CORAL GABLES FL 33134	
2. Principal Place of Business 1650 CORAL WAY Suite, Apt. #, etc. 701		3. Mailing Address 1650 CORAL WAY Suite, Apt. #, etc. 701	
City & State MIAMI, FLORIDA Zip 33145 Country USA		City & State MIAMI, FLORIDA Zip 33145 Country USA	
4. FEI Number 65-0983068		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARONI, CLAUDIA 911 EAST PONCE DE LEON BLVD., STE. 1603 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name BARONI, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 1650 CORAL WAY # 701 City MIAMI, FLORIDA FL Zip Code 33145	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARONI, CLAUDIA 911 E PONCE DE LEON BLVD STE 1603 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ESPANSANDE, CARLOS E 911 EAST PONCE DE LEON BLVD., STE. 1603 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **4/24/03** **786 223 5665**
SIGNATURE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

CR20034 (10/02)