


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90079 040 \*\*\*150.00

<b>DOCUMENT # P99000104312</b>	
1. Entity Name <b>AMBIANCE DESIGN, INC.</b>	

Principal Place of Business <b>101 S. ROYAL POINCIANA MIAMI SPRINGS, FL 33166</b>	Mailing Address <b>P O BOX 660335 MIAMI SPRINGS, FL 33166</b>
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**24026859**

2. Principal Place of Business <b>103 WESTWARD DRIVE</b>	3. Mailing Address <b>4706 GRANADA BLVD</b>
Suite, Apt. #, etc. -	Suite, Apt. #, etc. -



01122004 Chg-P CR2E034 (10/03)

City & State <b>Miami Springs, FL</b>	City & State <b>Coral Gables, FL</b>
Zip <b>33166</b>	Zip <b>33146</b>
Country <b>Miami Dade</b>	Country <b>Miami Dade</b>

4. FEI Number <b>65-1000500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SANDOVAL, CARMEN 103 WESTWARD DRIVE MIAMI SPRINGS, FL 33166</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4706 GRANADA BLVD.</b> City <b>Coral Gables</b> FL Zip Code <b>33146</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDOVAL, CARMEN 103 WESTWARD DRIVE MIAMI SPRINGS, FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDOVAL, CARMEN 4706 GRANADA BLVD. Coral Gables, FL 33146</b> <input checked="" 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
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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:**  **3/18/04 305 805 4344**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #