

REINSTATEMENT

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED 04-16-2004 90035 025 ***150.00
S44134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-04



MOORE CR2E034 (11/03)

DOCUMENT # S44134
1. Entity Name
CUNNINGHAM DESIGN STUDIOS, INC.



Principal Place of Business
P O BOX 141224
CORAL GABLES FL 33114
US

Mailing Address
1300 EUCLID AVENUE #1
MIAMI BEACH FL 33139
**85 NE 132ND TER.
N. MIAMI FL 33161**

2. Principal Place of Business
85 NE 132ND TER

3. Mailing Address
SAME

City & State

Zip Country
USA

4. FEI Number **65-0259105**

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

6. Name and Address of Current Registered Agent
**CUNNINGHAM, JAMES A.
1770 MERIDIAN AVE 209
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *James A. Cunningham*
Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PDS CUNNINGHAM, JAMES A. P.O. BOX 141224 NA CORAL GABLES FL 33114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CUNNINGHAM, JAMES A. 85 NE 132ND TER. N. MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CUNNINGHAM, JAMES A 1770 MERIDIAN AVE #209 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James A. Cunningham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #