


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # S61182 1. Entity Name PREMIER DESIGN HOMES INC.	
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Principal Place of Business 11030 N. KENDALL DR. SUITE 100 MIAMI FL 33176	Mailing Address 11030 N. KENDALL DR. SUITE 100 MIAMI FL 33176
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
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1st MOORE CR2E034 (10/04)

City & State Zip	City & State Zip
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4. FEI Number 65-0274477	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALLE, MARIA F ESQ. 250 BIRD ROAD SUITE 301 CORAL GABLES FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE	PSVT <input type="checkbox"/> Delete
NAME	ROBLES, FRANK C
STREET ADDRESS	11030 N. KENDALL DR., STE. 100
CITY - ST - ZIP	MIAMI FL 33176
TITLE	VP <input type="checkbox"/> Delete
NAME	ROBLES, FRANK C
STREET ADDRESS	11030 N. KENDALL DR. STE 100
CITY - ST - ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000256180
03/09/05-80004-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		Frank C. Robles	03/09/05	305-271-6997
	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	