

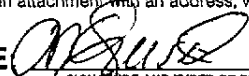


FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S77204 1. Entity Name SUISSA DESIGN CORPORATION				Apr 27, 2006 08:00 AM Secretary of State	
Principal Place of Business 2699 STIRLING ROAD SUITE B301 HOLLYWOOD, FL 33312 US		Mailing Address 8411 WEST OAKLAND PK BLVD STE 201 SUNRISE, FL 33351 US			
DO NOT WRITE IN THIS SPACE				02222006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0279120	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, ROBERT 8411 W. OAKLAND PK BLVD STE 201 SUNRISE, FL 33351				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SUISSA, JOEL 2699 STIRLING ROAD SUITE B301 HOLLYWOOD, FL 33312		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SUISSA, MARCI 2699 STIRLING ROAD SUITE B301 HOLLYWOOD, FL 33312			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 		4-24-06		954-748-3699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	