


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90229 049 \*\*\*150.00

<b>DOCUMENT # V23706</b> 1. Entity Name <b>BOYETT DESIGN GROUP, INC.</b>	
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Principal Place of Business <b>1553 SAN IGNACIO AVE CORAL GABLES, FL 33146</b>	Mailing Address <b>1553 SAN IGNACIO AVE CORAL GABLES, FL 33146 US</b>
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2. Principal Place of Business <b>1500 San Remo Ave</b> Suite, Apt. #, etc. <b>Suite #190</b> City & State <b>Coral Gables, FL</b> Zip <b>33146</b> Country <b>USA</b>	3. Mailing Address <b>same as left</b> Suite, Apt. #, etc. City & State Zip Country
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04222004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0326856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KAYAL, RAYMOND J JR. 200 S. BISCAYNE BLDG. STE. 4900 MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent Name <b>RAYMOND J. KAYAL, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6910 NW 12th Street</b> City <b>Miami</b> FL Zip Code <b>33126</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 *Renée M. Boyett* DATE **4-27-04**  
Signature, typed or printed name of registered agent and title if applicable. (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"/> \$5.00 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 BOYETT, RENEE K 1553 SAN IGNACIO AVE. CORAL GABLES, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1500 San Remo Ave; Suite #190 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
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: *Renée M. Boyett* **Renée M. Boyett**  
Signature and typed or printed name of signing officer or director President 4/23/04 (305) 663-3253  
Date Daytime Phone #