

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106233

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: DESIGN LAB STORE CORPORATION

**Current Principal Place of Business:**

445 ESPANOLA WAY  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

445 ESPANOLA WAY  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-3225943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATA, SOL  
359 MERIDIAN AVENUE  
104  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATA, SOL  
Address: 359 MERIDIAN AVENUE APT 104  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: LE RIDANT, ALERIG  
Address: 359 MERIDIAN AVENUE APT 104  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC ( ) Delete  
Name: ECHEVARRIA, JULIANO  
Address: 1610 LENOX AVENUE APT 409  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALERIG LE RIDANT

VP

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date