

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

3/

03-31-2003 90127 019 \*\*\*150.00

**DOCUMENT # P01000042530**

1. Entity Name  
**NEW DEVELOPMENT DESIGN, INC.**



Principal Place of Business  
**5411 NW 179 TR  
MIAMI FL 33055**

Mailing Address  
**5411 NW 179 TR  
MIAMI FL 33055**

2. Principal Place of Business  
**5411 NW 179 TR**  
Suite, Apt. #, etc.  
**MIAMI FLA 33055**  
City & State

3. Mailing Address  
**5411 NW 179 TR**  
Suite, Apt. #, etc.  
**MIAMI FL 33055**  
City & State

4. FEI Number  
**65-1026247**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LUIS, DANIEL**  
**1735 WEST 60TH STREET; UNIT M-125**  
**HIALEAH FL 33012**

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 *Daniel L. ...* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LUIS, DANIEL 5411 NW 179 TR MIAMI FL 33055</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>5411 NW 179 TR MIAMI FLA 33055</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: \_\_\_\_\_  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)

Attachment

58028125

P010000425301

Form **SS-4**

**Application for Employer Identification Number**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)  
**NEW DEVELOPMENT DESIGN INC**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**1735 W 60 ST #M-125**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code  
**HIALEAH GARDENS, FL 33012**

5b City, state, and ZIP code

6 County and state where principal business is located  
**MIAMI DADE FL**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions). ▶ **DIAMEL LUIS** **594-41-9146**  
**594-41-9146**

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) \_\_\_\_\_

Partnership  Personal service corp.

REMIC  National Guard

State/local government  Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_ (enter GEN if applicable)

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (SSN) \_\_\_\_\_

Other corporation (specify) ▶ **BOAT DESIGN/MOLDS**

Trust

Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **Florida** Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **BOAT DESIGNS/MOLDS**

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ \_\_\_\_\_

Purchased going business

Created a pension plan (specify type) ▶ \_\_\_\_\_

Created a trust (specify type) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions)  
**5-1-01**

11 Closing month of accounting year (see instructions)  
**12/31**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **6-1-01**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural **1** Agricultural **0** Household **0**

14 Principal activity (see instructions) ▶ **BOAT DESIGNS/MOLDS**

15 Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used: ▶ \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify) ▶ \_\_\_\_\_  Business (wholesale)  N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
**(305) 231-3551**

Fax telephone number (include area code)  
**(305) 262-4195**

Name and title (Please type or print clearly.) ▶ **DIAMEL LUIS**

Signature ▶ *[Signature]* Date ▶ **5/23/01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

*Attachment*

DATE OF THIS NOTICE: 05-08-2001  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 65-1098241  
FORM: SS-4  
0716927265 B

58025725  
P01000042530

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

NEW DEVELOPMENT DESIGN INC  
1735 W 60TH ST M125  
HIALEAH GARDENS FL 33012

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). ~~We assigned you EIN 65-1098241.~~ This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

~~Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence.~~ If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	07/31/2001
Form 1120	03/15/2002
Form 940	01/31/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.