

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G32981

**Entity Name:** THE DESIGN TEAM, INC.**Current Principal Place of Business:**216 CATALONIA AVE  
STE 106  
CORAL GABLES, FL 33134**Current Mailing Address:**PO BOX 145146  
CORAL GABLES, FL 33134 US**FEI Number:** 59-2273921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCMAHON, PAUL J.  
2840 SW 3 AVE  
MIAMI, FL 33129 US*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

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT, DIRECTOR   |
| Name            | MCMAHON, MARGARET R.  |
| Address         | PO BOX 145146         |
| City-State-Zip: | CORAL GABLES FL 33134 |

|                 |                          |
|-----------------|--------------------------|
| Title           | TREASURER, DIRECTOR      |
| Name            | WHITFIELD, SARAJANE S.M. |
| Address         | PO BOX 145146            |
| City-State-Zip: | CORAL GABLES FL 33134    |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | MCMAHON, PAUL J. ESQ. |
| Address         | PO BOX 145146         |
| City-State-Zip: | CORAL GABLES FL 33134 |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY             |
| Name            | MCMAHON, VIRGINIA W.  |
| Address         | PO BOX 145146         |
| City-State-Zip: | CORAL GABLES FL 33134 |

I hereby 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 all other like empowered.

**SIGNATURE:** SARAJANE S.M. WHITFIELD**DIRECTOR****01/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date