

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000109924

**Entity Name:** DESIGN NS, INC.**Current Principal Place of Business:**1080 N.W. 1ST AVE  
BOCA RATON, FL 33432**Current Mailing Address:**1080 N.W. 1ST AVE  
BOCA RATON, FL 33432**FEI Number:** 20-5511043**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAKELA, KAI  
1080 NW 1ST AVE.  
BOCA RATON, FL 33432 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	PD
Name	MAKELA, AKI
Address	1080 NW 1ST AVE.
City-State-Zip:	BOCA RATON FL 33432

Title	OWNER
Name	MAKELA, KIRSTI
Address	1080 N.W. 1ST AVE
City-State-Zip:	BOCA RATON FL 33432

Title	VP
Name	MAKELA, KAI
Address	1080 NW 1ST AVE.
City-State-Zip:	BOCA RATON FL 33432

Title	COMPTROLLER
Name	MAENANTTILA, KATJA
Address	1080 N.W. 1ST AVE
City-State-Zip:	BOCA RATON FL 33432

*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:** KATJA MAENANTTILA**CONTROLLER****02/06/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date