


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 09, 2005 08:00 AM  
Secretary of State**

DOCUMENT # J81449 1. Entity Name DESIGN GROUP OF MIAMI, INC.	
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Principal Place of Business 1645 LAKE SHORE CIR WESTON, FL 33326	Mailing Address P.O. BOX 268383 WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0011057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, RAYMOND C.  
1645 LAKE SHORE CIRCLE  
WESTON, FL 33326

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	PD BIRD, RAYMOND C. 1645 LAKE SHORE CIR WESTON, FL 33326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIORENTINO, HELEN 1645 LAKE SHORE CIR WESTON, FL 33326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/09/05-80043-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Helen Fiorentino Helen Fiorentino 3-1-05 954-389-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #