


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000051483

1. Entity Name
DESIGNERS FACTORY STORE CORPORATION



Principal Place of Business Mailing Address

**7050 NW 77 CT.
 MIAMI, FL 33166** **7050 NW 77 CT.
 MIAMI, FL 33166**



04022004 No Chg-P CR2E034 (10/03)

4. FCI Number
47-0850324

Applied For
 First Appearance

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

6. Name and Address of Current Registered Agent

**DEFREITAS, FATIMA
 7050 NW 77 CT.
 MIAMI, FL 33166**

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 qualifications of registered agent.

SIGNATURE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Finance Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEFREITAS, MARIA HELENA
STREET ADDRESS	7050 NW 77 CT.
CITY, ST, ZIP	MIAMI, FL 33166
TITLE	D
NAME	DEFREITAS, RUI
STREET ADDRESS	7050 NW 77 CT.
CITY, ST, ZIP	MIAMI, FL 33166
TITLE	D
NAME	DEFREITAS, FATAMA
STREET ADDRESS	7050 NW 77 CT.
CITY, ST, ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 05/18/04-80004-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information included on this receipt of 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 207 Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment, than address, with a letter, the enclosed.

SIGNATURE: *Fatima* FATIMA DE FREITAS April 29, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR