2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000081123 05-18-2004 90002 024 ***150.00 1. Entity Name DESIGNS BY DIMARCO, INC. Principal Place of Business Mailing Address 24076558 3000 N. UNIVERSITY DR. 3000 N. UNIVERSITY DR. SUITE E SUITE E CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address 100 SE LA AVE 100 SE 6th Ave Suite, Apt. #, etc. 03042003 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Deepfeld 90-0054642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIMARCO, JANIS M 100 SE 6TH AVENUE Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH, FL 33441 Zip Code FL 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 registe d agent. <u>3/12/04</u> SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition DIMARCO, JANIS M NAME NAME STREET ADDRESS 100 SE 6TH AVENUE STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment Mth an address, with all ot 954-480-9406 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED

May 18, 2004 8:00 am Secretary of State