2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059410

Entity Name: DESIGNS BY SEAN, INC.

FILED Mar 09, 2009 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1300 STIR	LING RD					
7A DANIA, FL	. 33004 US					
Current Mailing Address:			New Maili	New Mailing Address:		
1300 STIR	LING RD					
7A DANIA, FL	. 33004 US					
	: 65-0516661	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
maine and	Addiessor	varient Registerea Agent.	ranc and	Addic33 Oi	new Registered Agent.	
DEFREITA 1300 STIR 7A	AS, SEAN LING ROAD					
	. 33004 US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
		nic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PDT () Delete	Title:	PSDT	(X) Change()Addition	
Name:	DEFREITAS, S		Name:	DEFREITAS, SEAN		
Address: City-St-Zip:	1687 NE 34 DF OAKLAND PAR		Address: City-St-Zip:	1687 NE 34 I	JRIVE ARK, FL 33334	
Oity-Ot-Zip.	OARCARD I AI	III, I L 33304	Oity-Ot-Zip.	OFFICE FIND 17	TICK, 1 E 33354	
Title:	S () Delete	Title:	S	(X) Change ()Addition	
Name:	QUEEN, NADIN		Name:	DEFREITAS,		
Address:	3762 SAWGRA		Address:	1687 NE 34 I		
City-St-Zip:	TITUSVILLE, F	L 32/80	City-St-Zip:	OAKLAND PA	ARK, FL 33334	
Title:	D () Delete	Title:		() Change () Addition	
Name:	DEFREITAS, S		Name:			
Address:	1687 NE 34 DF	RIVE	Address:			
City-St-Zip:	OAKLAND PAR	K, FL 33334	City-St-Zip:			
Title:	Т () Delete	Title:		() Change () Addition	
Name:	DEFREITAS, S		Name:		(,	
Address:	1687 NE 34 DF	RIVE	Address:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SEAN DEFREITAS PSDT 03/09/2009

OAKLAND PARK, FL 33334

City-St-Zip: