2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # 643766 1. Entity Name CHRISTMAS DESIGNERS, INC.					04-14-2008		4-14-2008 90	053 004 ***	150.0	0
Principal Plac	e of Busines:	S	Mailing Address	i		1				
3124 NW 16 TERRACE			3124 NW 16 TERRACE							
POMPANO BCH., FL 33064			POMPANO BCH., FL 33064				4000	8223		
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City & Stat	e		City & State			4. FEI Number			Api	olied For
						59-2013	988		No	Applicable
Zip		Country	Zip	Cou	intry	5. Certificate o	f Status Desired		75 Addi	
		L							Required	<u> </u>
	6. Name	and Address of Current I	Registered Agent		<u> </u>	7. Name and	Address of New R	tegistered Agen	<u>t</u>	
NODAITIO		ALL FIGOUED FOO			Name					
MORAITIS, DEBORAH FISCHER ESQ. ONE FINANCIAL PLAZA SUITE 1602 FT. LAUDERDALE, FL 33394-1697					Street Address	(P.O. Box Number	is Not Acceptable	9)		
`	·									
	•.				City			FL 2	ip Code	
8. The above	named entity	y submits this statement for	r the purpose of cha	nging its registe	ered office or registr	red agent, or both	in the State of Ek	orida I am familia	ar with, a	and accept
						3				
ine obligat	tions of regist	tered agent.								
·		tered agent.								
the obligat		lered agent. or printed name of registered agent a	and title if applicable.	(NOTE: Registe	red Agent signature require	nd when rainstating)		DATE		
SIGNATURE.	Signature, typed		9. Election	(NOTE: Regate in Campaign Fin- und Contribution	ancing\$	5.00 May Be ded to Fees		DATE		
SIGNATURE.	Signature, typed	or printed name of registered agent a	9. Election Trust F	n Campaign Fin	ancing \$5	5.00 May Be ded to Fees	CHANGES TO OFF		ECTORS	
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12) I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report for 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 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:

permont 908

954-973-4225

Daytme Phone #