

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002719

Entity Name: FLOREZ DESIGNERS, INC.

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

4320 A1A S
STE 1
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

4320 A1A S
STE 1
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 56-2066036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREZ, ROBERT
4320 A1A S STE 1
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

FLOREZ, ROBERT S
4320 A1A S STE 1
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: ROBERT S FLOREZ

03/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FLOREZ, MICHAEL
Address: 40 DUCK WOOD DRIVE
City-St-Zip: SOUTHERN SHORES, NC 27949

Title: VSTD () Delete
Name: FLOREZ, ROBERT
Address: 9 HERON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ROBERT S FLOREZ

VSTD

03/01/2007

Electronic Signature of Signing Officer or Director

Date