


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004616
 1. Entity Name
 DURALEE MULTIFABRICS INC.



Principal Place of Business Mailing Address
 979 THIRD AVENUE 979 THIRD AVENUE
 NEW YORK, NY 10022 NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 11-2004527 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENBERGER, MARTIN
STREET ADDRESS	979 THIRD AVENUE
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	VD
NAME	SILBERMAN, LEE
STREET ADDRESS	979 THIRD AVENUE
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	SD
NAME	SILBERMAN, ROASALIE
STREET ADDRESS	979 THIRD AVENUE
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	VD
NAME	SILBERMAN-BENJAMIN, AMY
STREET ADDRESS	979 THIRD AVENUE
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	CD
NAME	SILBERMAN, LEONARD
STREET ADDRESS	979 THIRD AVENUE
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Fuchs Date: 2/9/04 Daytime Phone #: 631-273-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR