




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F54632 1. Entity Name DESIGNED FINANCIAL, INC.			
Principal Place of Business 6423 COLLINS AVE #1707 MIAMI BEACH, FL 33141		Mailing Address 6423 COLLINS AVE #1707 MIAMI BEACH, FL 33141	
DO NOT WRITE IN THIS SPACE			
			
		03162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2143095	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARAMANLAKIS, ANTHONY 6423 COLLINS AVE #1707 MIAMI BEACH, FL 33141		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000096704 03/26/04-80008-017 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PVS KARAMANLAKIS, ANTHONY 6423 COLLINS AVE #1707 MIAMI BCH., FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D KARAMANLAKIS, ANTHONY 6423 COLLINS AVE #1707 MIAMI BCH., FL	
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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: 		3/24/04 (305) 968-6867	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	