

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000000885

1. Entity Name

CEN DESIGNS, INC.



**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

426 NORTH "O" ST.  
LAKE WORTH FL 33460

Mailing Address

426 NORTH "O" ST.  
LAKE WORTH FL 33460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number  
14-1629810

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, CLAUDIA J  
426 NORTH "O" ST.  
LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*[Signature]* *President*

4/26/06  
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME KLEIN, CLAUDIA J  
STREET ADDRESS 426 NORTH "O" ST.  
CITY- ST- ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000540238  
05/10/06-80007-013-158-75

TITLE CS ☐ Delete  
NAME KLEIN, EDWARD  
STREET ADDRESS 29 JONES RD.  
CITY- ST- ZIP WARWICK NY 10990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE DVT ☐ Delete  
NAME PIPER, GEORGE K  
STREET ADDRESS 426 NORTH "O" ST.  
CITY- ST- ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]* *President*

4/26/06  
Date

(561) 582-2425  
Daytime Phone #