DIP'

4 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K50743

1. Entity Name
THE DELRAY CONSIGNMENT SHOPPE, INC.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

CR2E034 (10/03)

Daytima Phone #

Principal Place of Business

36 SOUTHEAST 2ND AVE. DELRAY BEACH, FL 33444 Mailing Address

36 SOUTHEAST 2ND AVE. DELRAY BEACH, FL 33444



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0093095		Applied For Not Applicable
5. Certificate of Status Desired	п	\$8.75 Additional
5. 00.tm0dit 0. 01di20 2 00m0d		Fee Required

6. Name and Address of Current Registered Agent

MAROTTA, DIANA 36 S.E. 2ND AVENUE DELRAY, FL 33444

SIGNATURE

DO NOT WRITE IN THIS SPACE

No Chg-P

01142004

	named entity submits this statement for the plons of registered agent.	urpose of changing its registered office or	r registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title is	f applicable. (NOTE Registered Agent signal	ure required when rematating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P MAROTTA, DIANA 1016 FOSTERS MILL RD BOYNTON BEACH, FL 33436	CTORS		
THTLE NAME STREET ADDRESS CITY-ST-ZIP	BOYNTON BEACH, FL 33436			000000007853 01/20/04-80041-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
HITLE NAME STREET ADDRESS CHTY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby indicated of the conchanged	certify that the information supplied with this fi I on this report or supplemental report is true a reporation or the receiver or trustee empowere , or on an attachment with an auditess, with at	iling does not qualify for the exemption sta and accurate and that my signature shall to d to execute this report as required by Ch II other like emportage	ated in Section 119.07(3 nave the same legal effe apter 607, Florida Statut	(i), Florida Statutes. I further certify that the information of as if made under cath; that I am an officer or directories; and that my name appears in Block 10 or Block 11 if

MING OFFICER OR DIRECTOR