

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58752

FILED
Mar 19, 2005
Secretary of State

Entity Name: DESIGNER REFERRAL SERVICE OF FLORIDA, INC.

Current Principal Place of Business:

1515 N FEDERAL HWY #300
BOCA RATON, FL 334321994

New Principal Place of Business:

817 NW SECOND AVENUE
DELRAY BEACH, FL 334444

Current Mailing Address:

1515 N FEDERAL HWY #300
BOCA RATON, FL 334321994

New Mailing Address:

817 NW SECOND AVENUE
DELRAY BEACH, FL 334444

FEI Number: 65-0108868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, SHARON
817 NW 2ND AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSEN, SHARON,
Address: 817 NW 2ND AVE.
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: SHARON ROSEN

P

03/19/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date