

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K58752

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** DESIGNER REFERRAL SERVICE OF FLORIDA, INC.

**Current Principal Place of Business:**

817 NW SECOND AVENUE  
DELRAY BEACH, FL 334444

**New Principal Place of Business:**

301 YAMATO ROAD  
1240  
BOCA RATON, FL 33433

**Current Mailing Address:**

817 NW SECOND AVENUE  
DELRAY BEACH, FL 334444

**New Mailing Address:**

6497 VIA ROSA  
BOCA RATON, FL 33433

**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 PRES  
817 NW 2ND AVE.  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

ROSEN, SHARON PRES  
6497 VIA ROSA  
BOCA RATON, FL 33433 US

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: SHARON ROSEN

04/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROSEN, SHARON P  
Address: 6497 VIA ROSA  
City-St-Zip: BOCA RATON, FL 33433 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON ROSEN

PRES

04/07/2012

Electronic Signature of Signing Officer or Director

Date