

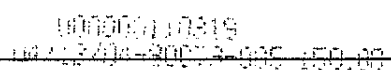


FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K85328			
1. Entity Name DORIAN'S MODE, INC.			
Principal Place of Business 5140 S.W. 98TH AVENUE ROAD MIAMI, FL 33165		Mailing Address 5140 S.W. 98TH AVENUE ROAD MIAMI, FL 33165	
DO NOT WRITE IN THIS SPACE			
		04092004 No Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE 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 REYES, DORIAN 5140 S.W. 98 AVENUE ROAD MIAMI, FL 33165		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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PTD REYES, DORIAN 5140 S.W. 98 AVENUE ROAD MIAMI, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST- ZIP			
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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/9/04 Date Daytime Phone #	