2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M86524

1. Entity Name
DESIGNER DISCOUNT FABRICS, INC.

Principal Place of Business	Mailing Address
1206 STIRLING ROAD DANIA, FL 33004	1206 STIRLING ROAD DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0055571	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEISER, ROBERT D
5403 BAYBERRY LANE
TAMARAC, FL 33319

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
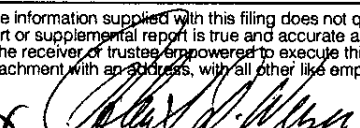
FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	WEISER, ROBERT D
STREET ADDRESS	5403 BAYBERRY LANE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	VD
NAME	WEISER, RITA E
STREET ADDRESS	5403 BAYBERRY LANE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	STD
NAME	WEISER, ROBERT
STREET ADDRESS	5403 BAYBERRY LANE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 of 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: X _____   4/9/04   954 923 4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #