
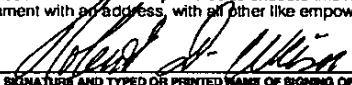


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90026 008 \*\*\*150.00

<b>DOCUMENT # M86524</b> 1. Entity Name <b>DESIGNER DISCOUNT FABRICS, INC.</b>					
Principal Place of Business <b>1206 STIRLING ROAD DANIA, FL 33004</b>			Mailing Address <b>1206 STIRLING ROAD DANIA, FL 33004</b>		
2. Principal Place of Business <b>1206-B Stirling Rd</b>		3. Mailing Address <b>1206-B Stirling Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>65-0055571</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEISER, ROBERT D 5403 BAYBERRY LANE TAMARAC, FL 33319</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reissuing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISER, ROBERT D		NAME	<b>2545 Jardin Lane</b>	
STREET ADDRESS	5403 BAYBERRY LANE		STREET ADDRESS	<b>WESTON, FL 33327</b>	
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISER, RITA E		NAME	<b>2545 Jardin Lane</b>	
STREET ADDRESS	5403 BAYBERRY LANE		STREET ADDRESS	<b>WESTON, FL 33327</b>	
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISER, ROBERT		NAME	<b>2545 Jardin Lane</b>	
STREET ADDRESS	5403 BAYBERRY LANE		STREET ADDRESS	<b>WESTON, FL 33327</b>	
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>3-18-05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		