


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90300 034 ***150.00

DOCUMENT # P00000061304				
1. Entity Name <div style="display: flex; justify-content: space-between;"> DESIGNER DISCOUNT BRANDS, INC. <i>NAME WRONG</i> <i>S/B</i> </div> <div style="display: flex; justify-content: space-between;"> # DISCOUNT DESIGNER BRANDS INC </div>				
Principal Place of Business % THE FESTIVAL FLEA MARKET 2900 W. SAMPLE ROAD, SUITE 5211 POMPANO BEACH FL 33073		Mailing Address % THE FESTIVAL FLEA MARKET 2900 W. SAMPLE ROAD, SUITE 4215 POMPANO BEACH FL 33073		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 65-1010167				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent PLOTZSER, ROSELIZ 16672 REDONDO WAY DELRAY BEACH FL 33484			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 <u><i>Rosalie Plotzser</i></u> <i>April 10, 2005</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLOTZIER, ROSELIE		NAME	ROSALIE PLOTZSER
STREET ADDRESS	16632 REDONDO WAY		STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33484		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	
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	
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.				
SIGNATURE: <u><i>Rosalie Plotzser</i></u> <i>April 10, 2005</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				

40044466



1st MOORE CR2E034 (10/04)