FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90307 006 ***150.00

น์ ป	2003 FOR PROFIT NIFORM BUSINES	CORPORAT SS REPORT	ION (UBR)		04-30-2003 90307 00		
DOCUMENT # P0000064034 1. Entity Name DESIGNERS ENTERPRISE, INC.							
Principal Place of Business 2170 NW 82 AVE. MIAMI, FL 33126		Mailing Address 2170 NW 82 AVE. MIAMI, FL 33126		-			
2. Principal F 695 U Suite, Apt.	Nace of Business Jest 17 th Street , etc.	3. Mailing Address 695 West 1 Suite, Apt. \$, etc.	7th Str	eet	CHECK HERE IF MAKING		
City & Stat	eah, Florida	City & State Hialeah, Zip	Florid	a	4. FEI Number 65-1021044	No.	oplied For of Applicable
3301C	Miami-Dade 6. Name and Address of Current B	33010	Country Miami-	Dade	Certificate of Status Desired Name and Address of New Registered Address.	\$8.75 Add Fee Require Igent	d ditional
TANNER, SALLY ANN 6514 NW 170 LANE 790 NW 166th Avenue MIAMIL PL 53015 Pembroke Pines, FL 330				Name Street Address (P.O. Box Number Is Not Acceptable)			
·			City	- <u>-</u> -	FL	Zip Cod	
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 primed name of registered again and tills if applicable. (NOTE: Registered Agains signature required when reinstating) OATE							
After	FILE NOWILL FEET'S \$150.00 May 1, 2003 Fee Will be \$550.00 " Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10	OFFICERS AND D		11.	-	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZP	D TANNER, SALLY ANN 6314 NW 170 LANE MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		o NW 166th Avenu nbroke Pines, FL 33		Addition Section Secti
TITLE NAME STREET ADDRESS CITY-ST-2P	D TANNER, EDWIN C 6314 NW 170 LANE MIAMI, FL 33126	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	1 A.	NW 166th Avenue mbroke Pines, FL 33		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
12. I hereby of indicated of the core	on this report or supplemental report is to	rue and accurate and that my vered to execute this report a	he exemption sta / signature shall i	have the s	ction 119.07(3Xi), Florida Statutes, I further cert same legal effect as if made under oath; that I a , Florida Statutes; and that my name appears in	m an officer	or director