


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000087964</b>	
1. Entity Name <b>FABRIC DESIGN CENTER MANAGEMENT COMPANY</b>	

Principal Place of Business <b>29 N. FEDERAL HWY. HALLANDALE, FL 33009</b>	Mailing Address <b>29 N. FEDERAL HWY. HALLANDALE, FL 33009</b>
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04162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1040383</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>COHEN, SIMON 29 N. FEDERAL HWY. HALLANDALE, FL 33009</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000122486</b> <b>04/21/04-89830-024 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD COHEN, SIMON 29 N. FEDERAL HWY. HALLANDALE, FL 33009</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTD ROSENBLATT, MARC 29 N. FEDERAL HWY. HALLANDALE, FL 33009</b>
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 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>Simon Cohen</b>	<b>04-19-04</b>	<b>954-455-1965</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>