


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90041 010 \*\*\*150.00

<b>DOCUMENT # P01000035105</b>	
1. Entity Name <b>DESIGNS &amp; SIGNS, INC.</b>	

Principal Place of Business <b>7270 NW 66TH STREET MIAMI, FL 33166</b>	Mailing Address <b>8932 S.W. 142ND AVE. #804 APT. 804 MIAMI, FL 33186</b>
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2. Principal Place of Business <b>6801 NW 77th Avenue</b>	3. Mailing Address <b>P.O. Box 960118</b>
Suite, Apt. #, etc. <b>Suite 102</b>	Suite, Apt. #, etc.

04182004 Chg-P CR2E034 (10/03)

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
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4. FEI Number <b>65-1111237</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33166</b>	Country <b>U.S.A.</b>	Zip <b>33296-0118</b>	Country <b>U.S.A.</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>RIOS, ELSA 1800 W 49TH ST # 301 HIALEAH, FL 33012</b>	

7. Name and Address of New Registered Agent	
Name <b>Elsa Rios</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2800 Glade Circle Suite E-102</b>	
City <b>Weston</b>	FL Zip Code <b>33327</b>

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: <i>By CAROLINA LAFUENTE</i>	DATE: <i>4/19/2004</i>
(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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTO, JOEL 8932 S.W. 142ND AVE. APT. 804 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAFUENTE, CAROLINA 8932 S.W. 142ND AVE. APT. 804 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>CAROLINA LAFUENTE</i>	DATE: <i>4/19/2004</i> DAYTIME PHONE #: <i>305-342-0291</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	