PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		THE ST	EL ADIDA	DEDADTMEN	F OF OTTE			FILED		
CORPORATION			FLORIDA DEPARTMENT OF STATE							
REIN	STATEMEN	17 H		Secretary of Sta			02 (DEC So Still	1:31	
DOCUMENT # PD1000D7951D						STOTE OTATE FLORIDA				
1. Corporation Name DéJ Designs Inc.						<u> </u>				
	* 7	U				30 12/30/	02 0	1974375 1088008	53 **150.00	
	al Office Address		1	3. Mailing Office Address						
	S.E. Lie	bow Ciri		5114 S.E Lisbon Cir.						
Suite, Apt. #	f, etc.		Suite, Apt. #, etc.			4. Date Incorporated or Qualified				
City & State		_ ,		City & State			To Do Business in Florida // /04/0/			
ST-vart, Fl			- STvarT-P/			5. FEI Number Applied For Not Applicable				
zip 3499		untry U.S.A.	Zip 3 4 9 9	7 Country	S.A.	6. CERTIFICATE		\$8.75	Additional Fee r a Certificate of S	or 7 equired tatus
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7. N	ame and Address o	Current Register	ed Agent				
Shukon N. Singh										
[Street Address (P.O. Box Number is Not Acceptable)										
S//4 S.E. Wisbox Cir Suite, Apt. #, Etc.										
	City						State	Zip Code		
STUART							FL	34997		
8. I, being	appointed the reg	istered agent of the ab	ove named corpo	ration, am familiar wi	th and accept the o	bligations of secti	ion 607.05	505 or 617.0503, F.S.		1 (9/01
Signature of Registered Agent Hamiltonian							Date	12/26/0	2	R2E0
<u> </u>			EGISTERED AGI		<u> </u>				 -	 ~
Titles	and Street Addres	sses of Each Officer a Name of	nd/or Director (Flo	· · · ·	et Address of Each	ast 3 directors)				
	Ot	ficers and/or Director	S	Officer and/or Director			City / State / Zip			
PRes	SLARO	ON N. Sin	sh	5114 S.E. Lisbon Ci			- STvarT, Fl 34997			
V. Pres		- 1		-						
Sec										
Re45 .		-				-				
								140		
							٠.			1
10. I certify	that I am an office	er or director or the rec	eiver or trustee er	npowered to execute	this application as p	provided for in cha	pter 607	or 617, F.S. I further o	ertify that when fi	ling
this rein owed by	istatement applica y the corporation h	tion, the reason for dis nave been paid and the	solution has been names of individ	eliminated, the corpo uals listed on this form	orate name satisfies n do not qualify for a	the requirements an exemption und	of section	n 607.0401 or 617.040	01, F.S., that all fe	es
on this a	application is true	and accurate, and my	signature shall ha	ve tne same legal effe	ect as it made undei	r oath.				
SIGNAT	URE:	Shawn URE AND TYPED OR PR	PR	ES. Shar	on Sing	h 12-2	6-05	772-220	-8085	.
	- OIGNA	ONE AND LITTED OR PR	IN TED NAME OF S	IGNING OFFICER OR D	IKECIUK J		Date	Daytime	e Phone #	()

12/19/02

To whom ut may concein;

Enclosed is the required fel for 2002 corporations. I was advised by E. Peterson @ Di glorp.

to send this fee for 2002.

I never received any notification by mail any forms, so from the State of any fees, or I was unavare of any fee.

Please send appropriate form and fee

requirements for 2003.

Thank you Schauerely, Pres.

Slaven Script D', J Designo In.