2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 09, 2004 08:00 AM DOCUMENT # P02000094944 **Secretary of State** JULIÁ DESIGNS, INC. Mailing Address Principal Place of Business 3111 OAKLAND SHORES DR UNIT F 212 3111 OAKLAND SHORES DR UNIT F 212 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 05272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0742963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22 ST 4 FLOOR MIAMI, FL 33145 IN THIS SPACE 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PSTD 33787 наыг CSEH, ILDIKO STREET ADDRESS 3111 OAKLAND SHORES DR UNIT F 212 FT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS DO NOT WRITE C1TY - S7 - Z1P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIRE STREET ADDRESS 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)(f). 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:

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/04 954-336-7774

FILED