

FILED

Jun 16, 2003 8:00 am
Secretary of State

05-01-2003 90979 020 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000122292

1. Entity Name
SABRINA'S DESIGN CORP.Principal Place of Business
9873 LAWRENCE RD. I 202
BOYTON BEACH FL 33436Mailing Address
9873 LAWRENCE RD. I 202
BOYTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2366993

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IANNONE, GIUSEPPE
9873 LAWRENCE RD. I 202
BOYTON BEACH FL 33436

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.
 \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/02)

TITLE: D
NAME: QUINTERO, SABRINA
STREET ADDRESS: 9873 LAWRENCE RD. I 202
CITY-ST-ZIP: BOYTON BEACH FL 33436 DeleteTITLE: D
NAME: IANNONE, GIUSEPPE
STREET ADDRESS: 9873 LAWRENCE RD. I 202
CITY-ST-ZIP: BOYTON BEACH FL 33436 DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

 Delete

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: *Sabrina's Design Corp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 28-2003 (561) 704-4952
Date: *april 28-2003* Daytime Phone # *(561) 704-4952*