2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000127991

1. Entity Name

DESIGNS BY DOC INC.

Principal Place of Business	Mailing Address
16364 NW 17TH STREET PEMBROKE PINES FL 33028	16364 NW 17TH STREET PEMBROKE PINES FL 33028

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 01-0759393	Applied For / Not Applicat

Zip	Country	Zip	Country	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
AKHTAR, SHAMIM 16364 NW 17TH STREET PEMBROKE PINES FL 33028	Name _____ Street Address (P.O. Box Number is Not Acceptable)

City _____ FL   Zip Code

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 acce 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May ; Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ A
NAME	AKHTAR, SHAMIM		NAME	U00000469250		
STREET ADDRESS	16364 NW 17TH STREET		STREET ADDRESS	03/25/06-80021-011 150.00		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP			
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Shamim Akhtar_   03-14-06 (954)392-58

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #