

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129120

Entity Name: US DESIGNERS , CORP.

FILED
Jun 07, 2004
Secretary of State

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY
130
SUNRISE, FL 33323

Current Mailing Address:

3959 SAN SIMEONE LN
FORT LAUDERDALE, FL 33331

New Principal Place of Business:

16440 SOUTH POST RD.
103
WESTON, FL 33331

New Mailing Address:

16440 SOUTH POST RD.
103
WESTON, FL 33331

FEI Number: 92-0190375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOLA, CLAUDIA
1580 SAWGRASS CORPORATE PARKWAY
130
SUNRISE, FL 33323

Name and Address of New Registered Agent:

DONOLA, CLAUDIA
16440 SOUTH POST RD.
103
WESTON, FL 33331

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.

SIGNATURE:

06/07/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONOLA, CLAUDIA
Address: 1580 SAWGRASS CORPORATE PARKWAY # 130
City-St-Zip: SUNRISE, FL 33323 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DONOLA, CLAUDIA
Address: 16440SOUTH POST RD. # 103
City-St-Zip: WESTON, FL 33331 US

Title: D () Change (X) Addition
Name: MARTINEZ, GUSTAVO
Address: 16440SOUTH POST RD. # 103
City-St-Zip: WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTINEZ, GUSTAVO CLAUDIO

D

06/07/2004

Electronic Signature of Signing Officer or Director

Date