## FILED

;	2004 FOR PROFIT CORPORATION ANNUAL REPORT	6	Jun 21, 2004 8:00 am Secretary of State
•	DOCUMENT # P0300069601  1. Entity Name NEW LOOK DESIGNS, INC.		06-04-2004 90001 039 ***150.00

NEW LOC	OK DESIGNS,	INC.								
Principal Plans					THE PARTY OF THE P					
Principal Place 1141-NW 19: PEMBROKE F	3'AVE-	<u>.</u> :	lailing Address 129 1141 NW 193 AVE 14 PEMBROKE PINES, FE	101 W. OK (AUSAH G	aecho NARO	BEE NS K	ن م ان م	•		
2. Principal P	AH CARRO	HOBER RD #3	Mailing Address	<del></del>						
	<u> </u>					]   1   1   1   1   1   1   1   1   1	BISTA ITHK SEID BETII BETT	MANIA SILIS IDICA		
Suite, Apt. #, etc. Suite, Apt. #, etc.			_	03272003	Chg-P	CR2E03	1 (10/03)			
City & State	e		City & State			4. FEI Number 41 - 2.6	025098			plied For t Applicable
Ζip	Coul	ntry	Zip	Country		5. Certificate o	f Status Desired		8.75 Add se Require	
	6. Name and A	ddress of Current Regi	stered Agent	Name		7. Name and A	Address of New Ro	gistered Ag	ent	
MENA, EDEL L 1141-NW 193 AVE / A 90/- W- OKESCHOBER RD - Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES, FL 33029 HIALEH GARRENS FL									·	
:	J		33013	City	·	<u> </u>		FL	Zip Cod	
	named entity submitions of registered ag		purpose of changing its	egistered office	or register	red agent, or both	, in the State of Flor	rida. I am fa	miliar with,	and accept
SIGNATURE_	Signature, lyped or printed	name of registered agent and title	a if applicable. (NOTE:	Registered Agent sig	natura required	s when reinstating)	<del></del>	CATE		<del></del>
	LE NOW!!! FEE		9. Election Campaig Trust Fund Contri			.00 May Be led to Fees	In accordance w corporation did n	ith s. 607.1 not receive	93(2)(b), the prior r	F.S., the notice.
10,		OFFICERS AND DIRE	CTORS ·	11,		ADDITIONS/C	HANGES TO OFFI	CERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS	P MENA, EDEL L 1 <del>141 NW 103 A</del>	ve 13901 W.	□ Delete OKEE CHOSEE	TITLE NAME STREET ADDRES	s			· [	Change	☐ Addition
CITY-ST-ZIP	PEMBROKE PI	VES, FL 33029 Hin	13H GARRENS	OTTY-ST-ZIP						
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADORES	s			- 1	☐ Change	☐ Addition
CITY-ST-ZIP			□ Delete	CITY-ST-ZIP					Charges	- Addition
NAME STREET ADDRESS CITY-ST-ZIP			C Otto	NAME STREET ADDRES CITY-ST-ZIP	s					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZAP	s				☐ Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S	_			☐ Change	Addition
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 changed, or on an attachment with an address, with all other like empowered.									nformation r or director r Block 11 if	
SIGNAT	ΓURE:	ance	Dem				6/2/0	4		