

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-04-2004 90001 039 ***150.00

DOCUMENT # P03000069601 1. Entity Name NEW LOOK DESIGNS, INC.																													
Principal Place of Business 1141 NW 193 AVE PEMBROKE PINES, FL 33029 12901 W. OKEECHOBEE RD #3 HIALEAH GARDENS FL 33013			Mailing Address 12901 W. OKEECHOBEE 1141 NW 193 AVE PEMBROKE PINES, FL 33029 HIALEAH GARDENS FL 33013																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 41-2025098			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			03272003 Chg-P CR2E034 (10/03)																										
6. Name and Address of Current Registered Agent MENA, EDEL L 1141 NW 193 AVE PEMBROKE PINES, FL 33029 12901 W. OKEECHOBEE RD #3 HIALEAH GARDENS FL 33013				7. Name and Address of New Registered Agent 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 accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MENA, EDEL L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1141 NW 193 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33029</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	MENA, EDEL L		STREET ADDRESS	1141 NW 193 AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33029		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change	<input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04
Date

Daytime Phone #