

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082901

Entity Name: Y B DESIGNER GROUP, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

18248 SW 3RD STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

843 SW 179TH AVE
PEMBROKE PINES, FL 33029

Current Mailing Address:

18248 SW 3RD STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

843 SW 179TH AVE
PEMBROKE PINES, FL 33029

FEI Number: 20-0120086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ-ORTEGA, MARIA P
18248 SW 3RD STREET
PEMBROKE PINES, FL 33029

Name and Address of New Registered Agent:

DIAZ-ORTEGA, MARIA P
843 SW 179TH AVE
PEMBROKE PINES, FL 33029

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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAZ-ORTEGA, MARIA P
Address: 18248 SW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: ORTEGA, LINA M
Address: 843 SW 179TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VICE () Change (X) Addition
Name: DIAZ, JORGE
Address: 843 SW 179TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SECR () Change (X) Addition
Name: DIAZ, JUAN P SECRETA
Address: 843 SW 179TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TESO () Change (X) Addition
Name: DIAZ, MARIA P TESO
Address: 843 SW 179TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: LINAMARIAORTEGA

PRES

04/23/2004

Electronic Signature of Signing Officer or Director

Date