2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90028 035 ***150.00

DOCUMENT # P04000043164

1. Entity Name

DESIGNER SHOWER OF NAPLES, INC

Principal Place of Business	Mailing Address
166 E 12 STREET HIALEAH FL 33010	166 E 12 STREET HIALEAH FL 33010

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
5434 Texas Ave Suite, Apt. #, etc.	5434 Texas Ave Suite, Apt. #, etc.
City & State: Naples Fl.	City & State: Naples Fl.
Zip: 34113 Country:	Zip: 34113 Country:

4. FEI Number: 90-0152396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, SILVERIO A
166 E 12 STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name: Carlos Perez

Street Address (P.O. Box Number is Not Acceptable)

5434 Texas AVE

City: NAPLES FL Zip Code: 34113

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 _____ 3/10/05.
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PEREZ, SILVERIO A 166 E 12 STREET HIALEAH FL 33010	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT PEREZ, JULIO A 166 E 12 STREET HIALEAH FL 33010	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, CARLOS 5434 TEXAS AVE NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT PEREZ SAILY 5434 Texas AVE NAPLES Fl. 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/10/05 (239)775-6342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #