


AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 AUG 13 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071878 <small>1. Entity Name</small> Designs by Alex Simkin, Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 451941 <small>Suite, Apt. #, etc.</small>	3. Mailing Address P.O. Box 451941 <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State Sunrise	City & State Sunrise	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip 33345	Country US	Zip 33345	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Alex Simkin		
	Street Address (P.O. Box Number is Not Acceptable)		
	14978 SW 37th St.,		
	City Davie	FL	Zip Code 33331

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.

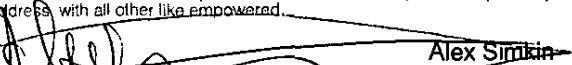
SIGNATURE _____ **DATE** 08/12/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Alex Simkin 14978 SW 37th St., Davie, Florida 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000040251100 08/17/04--01059--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mila Simkin 14978 SW 37th St., Davie, Florida 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Alex Simkin** **DATE** 08/12/2004 **Daytime Phone #** 954-472-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)