

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040162

FILED  
May 03, 2006  
Secretary of State

Entity Name: DESIGNS BY JUNE-MARIE, INC.

**Current Principal Place of Business:**

16359 NW 13TH STREET  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

10252 NW 47 ST  
SUNRISE, FL 33351

**Current Mailing Address:**

16359 NW 13TH STREET  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

10252 NW 47 ST  
SUNRISE, FL 33351

FEI Number: 21-6400021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAHIM, JUNE MARIE  
16359 NW 13TH STREET  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: RAHIM, JUNE-MARIE  
Address: 16359 NW 13TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DVP ( ) Delete  
Name: RAHIM, STEVE  
Address: 16359 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RAHIM, JUNE-MARIE  
Address: 16359 NW 13TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JUNE-MARIE RAHIM

DP

05/03/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date