

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000064936

1. Entity Name
DESIGN ELEMENTS, INC.



Principal Place of Business
3600 GALT OCEAN DRIVE
#3D
FORT LAUDERDALE, FL 33308

Mailing Address
2400 E. LAS OLAS BLVD
#116
FORT LAUDERDALE, FL 33301

FILED
CLERK OF DISTRICT COURT
04 APR 26 AM 11:01



04042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0719822

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAFONTE, STEVEN
3600 GALT OCEAN DR
APT 3-D
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, SAMUEL DENHAM 3600 GULF OCEAN DR APT 3-D FORT LAUDERDALE, FL 33308
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04/19/04--01050--019 **185.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 954-763-6000
Date Daytime Phone #