


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90013 037 \*\*\*150.00

<b>DOCUMENT # P98000008783</b>					
<b>1. Entity Name</b> ONLINE TEXTILES INC					
<b>Principal Place of Business</b> 4942 SW 32 WAY FORT LAUDERDALE, FL 33312			<b>Mailing Address</b> 4942 SW 32 WAY FORT LAUDERDALE, FL 33312		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0812459	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FRIEDLICH, VIVIANE 5721 SW 8TH STREET PLANTATION, FL 33317			<b>7. Name and Address of New Registered Agent</b> Name <u>Friedlich Viviane</u> Street Address (P.O. Box Number is Not Acceptable) <u>4942 SW 32 WAY</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33312</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> <u>Viviane Friedlich - Director</u> <u>2/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDLICH, VIVIANE 5721 SW 8TH STREET PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDLICH, VIVIANE 5721 SW 8TH STREET PLANTATION, FL 33317	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDLICH, VIVIANE 5721 SW 8TH STREET PLANTATION, FL 33317	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Viviane Friedlich</u> <u>2/17/04</u> <u>(354)322-7669</u> <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>					