

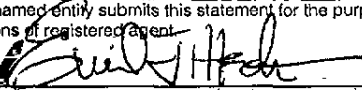
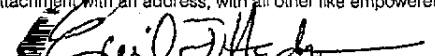


**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000023319</b> 1. Entity Name <b>DESIGNS BY EJ, INC.</b>				<b>Jan 24, 2005 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business 19520 S.W. 118 AVE MIAMI, FL 33177		Mailing Address 19520 S.W. 118 AVE MIAMI, FL 33177			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01182005    No Chg-P    CR2E034 (10/03)	
		4. FEI Number 94-3298727		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HECHAVARRIA, EMIL J 19520 S.W. 118 AVE MIAMI, FL 33177				<b>DO NOT WRITE IN THIS SPACE</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.					
SIGNATURE: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 1/18/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PSTD HECHAVARRIA, EMIL J 19520 S.W. 118 AVE MIAMI, FL 33177			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1/18/05		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			