

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043071

FILED
Jan 29, 2007
Secretary of State

Entity Name: FABRIC DESIGN CENTER, INC.

Current Principal Place of Business:

29 N FEDERAL HWY
HALLANDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

29 N FEDERAL HWY
HALLANDALE, FL 33309

New Mailing Address:

FEI Number: 65-0837167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, SIMON
29 NORTH FEDERAL HWY
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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: FERNANDO SILVA

01/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: ROSENBLATT, MARC
Address: 29 N. FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: COHEN, SIMON
Address: 29 N. FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SIMON COHEN

P

01/29/2007

Electronic Signature of Signing Officer or Director

Date