


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90268 026 ***150.00

DOCUMENT # P98000047133	
1. Entity Name CHANELLE DESIGNS, INC.	

Principal Place of Business 6121 TOWN COLONY DRIVE #711 BOCA RATON, FL 33433 US	Mailing Address 2333 W MCNAB RD #127 TAMARAC, FL 33321
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20041166



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 8333 W. MCNAB #127 Suite, Apt. #, etc.
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02162005 Chg-P CR2E034 (10/03)

City & State TAMARAC FLORIDA		4. FEI Number 65-0838526		Applied For <input type="checkbox"/> Not Applicable
Zip 33321	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent REINGLAS, DORIS 8333 N. MCNAB RD #127 SUITE 711 BOCA RATON, FL 33433	
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7. Name and Address of New Registered Agent Name REINGLAS, DORIS Street Address (P.O. Box Number is Not Acceptable) 8333 W. MCNAB RD. #127 City TAMARAC, FL Zip Code 33321	
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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 *Doris Reinglas* **DORIS REINGLAS** *FEB. 16/05*
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REINGLAS, DORIS 8333 W MCNAB RD #127 TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Doris Reinglas* **DORIS REINGLAS** *FEB. 16/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #