2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000007540

 Entity Name DESIGNS BY DALIA, INC.



Principal Place of Business

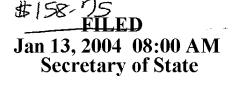
7165 S.W. 47TH STREET

#318 MIAMI, FL 33155 Mailing Address

7165 S.W. 47TH STREET

#318

MIAMI, FL 33155





01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0870312 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, DALIA 7165 S.W. 47TH STREET #318 MIAMI FL 33155

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#318 MIAMI, FL 33155		IN THIS SPACE	
The above named entity submits this statement for the obligations of registered agent	the purpose of changing its registered oil	ice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agont as	nd litte if applicable (NOTE Registered Agen	signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	Section Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DEBTE PSD MARTINEZ, DALIA STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS		000000003351 01/14/04-80004-007 158.75
THTLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
ITTLE NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			
TREE NAME STREET ADDRESS			

12. It 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 cath; that I am an officer or director of the corporation or the repeiver or truetee 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 apacity with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-204

666-460 Davine Prone