

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000007540

1. 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

\$158.75



DO NOT WRITE IN THIS SPACE

03172005 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

**DO NOT WRITE
IN THIS SPACE**

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

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.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
MARTINEZ, DALIA
9050 S.W. 68TH STREET
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000272327
03/21/05-R0084-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dalia Martinez Res 3-17-05 305-666-4688