

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000030884

1. Entity Name
DESIGNS BY NACI DELMONTI, INC.



**FILED
Mar 24, 2005 8:00 am
Secretary of State**

03-24-2005 90027 007 ***150.00

Principal Place of Business
1000 SPANISH RIVER ROAD 4-C
BOCA RATON, FL 33432

Mailing Address
1000 SPANISH RIVER ROAD 4-C
BOCA RATON, FL 33432

2. Principal Place of Business
675 Ipswich St.
Suite, Apt. #, etc.

3. Mailing Address
675 Ipswich St.
Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip *33487* Country *PALM Bch.*

Zip *33487* Country *PALM Bch.*



03172005 Chg-P CR2E034 (10/03)

4. FEI Number <i>59-3565281</i>	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELMONTI, NACI
1000 SPANISH RIVER ROAD 4-C
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name	City	FL	Zip Code
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Street Address (P.O. Box Number is Not Acceptable)

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 renewing)

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 *D* Delete
NAME *DELMONTI, NACI*
STREET ADDRESS *1000 SPANISH RIVER ROAD 4-C*
CITY-ST-ZIP *BOCA RATON, FL 33432*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Nancy Delmonte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05 561-213-6807
Date Daytime Phone #