


FILED
Jun 06, 2005 8:00 am
Secretary of State

QUOTED

DOCUMENT # P99000041671						Secretary of State	
1. Entity Name FABRICS & THINGS, INC.						06-06-2005 90005 045 ***150.00	
Principal Place of Business 3978 NW 19TH STREET LAUDERHILL, FL 33313				Mailing Address 3978 NW 19TH STREET LAUDERHILL, FL 33313			
2. Principal Place of Business <i>SAME</i>				3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HARRISON, REGINALD 3978 NW 19TH STREET LAUDERHILL, FL 33313				7. Name and Address of New Registered Agent Name: <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:			
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, REGINALD			NAME	<i>Same</i>		
STREET ADDRESS	3978 NW 19TH STREET			STREET ADDRESS			
CITY - ST - ZIP	LAUDERHILL, FL 33313			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, ICILDA			NAME			
STREET ADDRESS	3978 NW 19TH STREET			STREET ADDRESS			
CITY - ST - ZIP	LAUDERHILL, FL 33313			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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: <i>[Signature]</i>				Date: <i>5/30/05</i> (954) 485-8002			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			