## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # V02965**

1. Entity Name
DESIGNERS' LIAISON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4361 NORTHLAKE BLVD.<br>PALM BEACH GARDENS, FL  33410    US | 4361 NORTHLAKE BLVD.<br>PALM BEACH GARDENS, FL  33410    US |

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01072004        No Chg-P        CR2E034 (10/03)

| 4. FEI Number | | Applied For |
|---|---|---|
| 65-0316616 | | Not Applicable |

5. Certificate of Status Desired  ☐  **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DELISI, MARTIN V.
4361 NORTHLAKE BLVD.
PLAM BEACH GARDENS, FL  33410

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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, i    n 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 d applicable        (NOTE  Registered Agent signature required when reinstating)        DATE

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing
Trust Fund Contribution  ☐  **$5.00** May Be Added to Fees

**10.**                    OFFICERS AND DIRECTORS

| TITLE | PSD |
|---|---|
| NAME | MILSTEIN, VICKI LYNN |
| STREET ADDRESS | 4361 NORTHLAKE BLVD. |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL  33410 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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**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; an    d 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: X _Vicki Lynn Milstein_  VICKI LYNN MILSTEIN        4/9/04        510584-3992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #