

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90426 025 \*\*\*150.00

DOCUMENT # V02965

1. Entity Name  
DESIGNERS' LIAISON, INC.



Principal Place of Business Mailing Address  
4361 NORTHLAKE BLVD. 4361 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 US



2. Principal Place of Business 3. Mailing Address  
2000 PGA BLVD 2000 PGA BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE # 3206 SUITE # 3206

03072006 Chg-P CR2E034 (11/05)

City & State City & State  
PALM BEACH GARDENS FL 33408 USA PALM BEACH GARDENS FL 33408 USA

4. FEI Number 65-0316616 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELISI, MARTIN V.  
4361 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410  
2000 PGA BLVD  
SUITE # 3206  
PALM BEACH GARDENS  
FL 33408

Name  
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 \$150.00**  
**After May 1, 2006 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 2000 PGA BLVD. # 3206  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Vicki Lynn Milstein* VICKI LYNN MILSTEIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 5185843992  
Date Daytime Phone #