## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 12, 2004 08:00 AM Secretary of State

DECUMENT # V15747  1. Entity Name WORLD OF DENIM, INC.						
Principal Place of Business	Mailing Address					
7509 EXCHANGE DRIVE ORLANDO, FL 32809-6928	7509 EXCHANGE DRIVE ORLANDO, FL 32809-6928					



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04052004 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
<u>59-3111565</u>	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

HARBERT, THOMAS R

225 E ROBINSON STREET SUITE 600 ORLANDO, FL 32801

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

		i			A CONTRACTOR OF THE CONTRACTOR	
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_				·	<u> </u>	
Signalure, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10,	OFFICERS AND DIREC	CTORS				
THLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINFELD, VERA 7509 EXCHANGE DRIVE ORLANDO, FL	···			U00000109991 04/12/04-80065-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHY-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.						

ED NAME OF SIGNING OFFICER OR DIRECTOR