
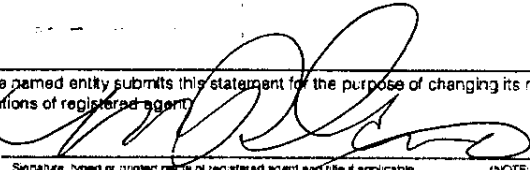
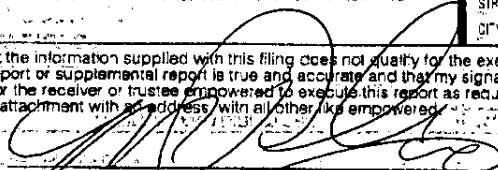


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90029 007 \*\*\*150.00

<b>DOCUMENT # V38441</b>			
1. Entity Name DESIGNS BY DELANO, INC.			
Principal Place of Business 1850 NW 21ST ST. POMPANO BCH., FL 33069 US		Mailing Address 1850 NW 21ST ST. POMPANO BEACH, FL 33069 US	
2. Principal Place of Business 1848 NW 22nd Street		3. Mailing Address 1848 NW 22nd Street	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33069	Country US	Zip 33069	Country US
4. FEI Number 65-0326631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DULANO, MICHAEL 1850 NW 21ST ST. POMPANO BCH., FL 33069		7. Name and Address of New Registered Agent Name: Michael Delano Street Address (P.O. Box Number is Not Acceptable): 1848 NW 22nd Street City: Pompano Beach FL Zip Code: 33069	
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: 		DATE:	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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: <input type="checkbox"/> Delete NAME: DELANO, MICHAEL STREET ADDRESS: 1850 NW 21ST ST CITY- ST- ZIP: POMPANO BEACH, FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Michael Delano STREET ADDRESS: 1848 NW 22nd Street CITY- ST- ZIP: Pompano Beach, FL 33069		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(3)(f), 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: 		Date: Michael Delano	
Signature and typed or printed name of signing officer or director		Date	