


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90164 008 ***150.00

DOCUMENT # V67944 1. Entity Name DESIGNS BY SLACK, INC.	
---	---

Principal Place of Business 811 EAST LAS OLAS BLVD. SUITE D FT. LAUDERDALE, FL 33301	Mailing Address 811 EAST LAS OLAS BLVD. SUITE D FT. LAUDERDALE, FL 33301
--	--

54052893

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0359322	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 SLACK, JOHN 811 E. LAS OLAS BLVD., #D FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent 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 _____
Signature, typed or printed name of registered agent and title if 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHER SOUCI 811 EAST LAS OLAS BLVD FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUCI, CHER 811 EAST LAS OLAS BLVD FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cher Souci 5-3-04 (954) 463-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHER SOUCI - PRESIDENT

Attached

54052893



Division of Corporations

Annual Report

Page 2

Document Number

V67944

Business Entity Name

DESIGNS BY SLACK, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

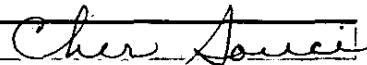
An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES

Officer/Director Signature

Cher Souci



Continue

Reset

Start Over

[Sunbiz Home Page](#)[Public Access Help](#)



Division of Corporations

Annual Report

Page 1

Document Number

V67944

Business Entity Name

DESIGNS BY SLACK, INC.

FEI Number

650359322

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

811 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

SUITE D

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33301

Mailing Address

Address

811 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

SUITE D

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33301

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

SLACK, JOHN

Address

811 E. LAS OLAS BLVD., #D

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33301

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature