


FILED
Jul 10, 2006 8:00 am
Secretary of State

04-17-2006 90354 021 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

66021519



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	
2. Principal Place of Business 1049 SE 17 STREET		3. Mailing Address 1049 SE 17 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE	
Zip 33316	Country USA	Zip 33316	Country USA
4. FEI Number 65-0359322		Applied For 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) 1049 SE 17 STREET City FT. LAUDERDALE FL Zip Code 33316	
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 \$550.00 Due by September 6, 2006		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	PSD CHER SOUCI 1049 SE 17 ST FT LAUDERDALE, FL 33316 <input checked="" 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	T SOUCI, CHER 1049 SE 17 ST FT LAUDERDALE, FL 33316 <input checked="" 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 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: <u>Cher Souci</u>		PRES. <u>7-5-06</u> 954-457-2033	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

66021519



Telephones:
954-467-2033
954-467-0737 Fax

July 5, 2006

Division of Corporations
PO Box 1500
Tallahassee, kFL 32302-1500

To Whom It May Concern:

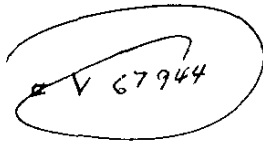
We received from you a Notice of Intent to Dissolve and upon making a telephone call to your office we discovered you had mailed us this notice because you had not heard from us concerning the a missing signature on our previous filing.

We did not receive notice from you concerning the missing signature. You have however received, cashed, and cleared our check for \$150 on this filing. Hence, enclosed is another signed copy of the filing in addition to a photocopy of the check we mailed in April.

Yours truly,

Cher Souci
President
Designs By Slack Inc.

DOCUMENT



ADAMS (01/11)

PROCESSED BY THE CLERK OF THE SUPREME COURT OF FLORIDA
RECEIVED BY CLERK OF THE SUPREME COURT OF FLORIDA
JUL 10 2006
TALLAHASSEE, FLORIDA 32302-1500

ENDORSE HERE

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068796

APR 17 2006

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

66021519
ATTACHMENT # V67944

2004 97410

APR 20 06

INCLEARINGS
MIAMI FL
110140660 04-21-06

BANK OF AMERICA, NA, JAX
06630000474 E1503 90 P32
64/20/06
5940672830

DESIGNS BY SLACK, INC.
811 E. LAS OLAS BLVD., SUITE D
FORT LAUDERDALE, FL 33301-2265
(954) 407-2033

WASHINGTON MUTUAL BANK, FA
FT. LAUDERDALE DOWNTOWN FINANCIAL CTR. 1773
FT. LAUDERDALE, FL 33301
83-8413/2870

40050056

1693

04/13/2006

PAY TO THE
ORDER OF

FLORIDA DEPT OF STATE

110140660 04-21-06 7852 04

\$ 100.00

One Hundred Fifty and 00/100

DOLLARS

John P. Slack
AUTHORIZED SIGNATURE

MEMO