


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 050 ***150.00

DOCUMENT # P02000037299 1. Entity Name PRINT BY DESIGN INC	
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Principal Place of Business 2841 N. OCEAN BLVD. UNIT 606 FT. LAUDERDALE, FL 33308	Mailing Address 2841 N. OCEAN BLVD. UNIT 606 FT. LAUDERDALE, FL 33308
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94058801



04192004 No Chg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1412316	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

MADISON, SANDRA S
2841 N. OCEAN BLVD.
UNIT 606
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MADISON, SANDRA S 2841 N. OCEAN BLVD. UNIT 606 FT. LAUDERDALE, FL 33308
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IN THIS SPACE**

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: Sandra S. Madison Sandra S. Madison 04/20/04 954-566-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #