


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90024 042 \*\*\*150.00

**DOCUMENT # G94427**  
 1. Entity Name  
**LAMPSHADES OF FLORIDA, INC.**



Principal Place of Business  
 741 N.W. 57TH PLACE  
 FORT LAUDERDALE, FL 33309

Mailing Address  
 741 N.W. 57TH PLACE  
 FORT LAUDERDALE, FL 33309

**50055309**



2. Principal Place of Business  
 3000 UNIVERSITY DR  
 Suite, Apt. #, etc. E

3. Mailing Address  
 P.O. Bx 771210  
 Suite, Apt. #, etc.

06292005 Chg-P CR2E034 (10/03)

City & State  
 CORAL SPRINGS, FL

City & State  
 CORAL SPRINGS, FL

Zip  
 33065

Country  
 USA

Zip  
 330771210

Country  
 USA

4. FEI Number  
 59-2398825

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARKROB ACCOUNTING SERVICES  
 210 N UNIVERSITY DR  
 SUITE 100  
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent  
 Name  
 MORTEN C. POST III  
 Street Address (P.O. Box Number is Not Acceptable)  
 3000 N UNIVERSITY DR  
 E  
 City  
 CORAL SPRINGS FL Zip Code  
 33065

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 *Morten C. Post III* DATE 7-6-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST POST, MORTEN C., III 2121 N. E. 56TH COURT FT. LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POST, MORTEN C., III 2121 N. E. 56TH COURT FT. LAUDERDALE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 UNIVERSITY DR E CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 N. UNIVERSITY DR E CORAL SPRINGS, FL 33065
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Morten C. Post III* DATE 7-6-05 DAYTIME PHONE # 954-491-3377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M A S  
PO BOX 771210  
Coral Springs, Fl. 33077-1210  
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/06/05

ATTACHMENT  
50055-309

Florida Department of State  
PO BOX 1500  
Tallahassee, FL 32302-1500

Re: Lampshades of Florida, Inc.  
Doc # G94427

To Whom It May Concern:

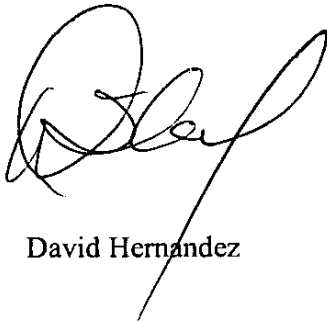
We are enclosing a request for the reinstatement of our client, Lampshades of Florida, Inc. and have included the notice the fee was paid, but have not included the penalty due to our client not having received the corporate annual renewal documents because of an incorrect and change of address.

We notified the client the corporate renewal had not occurred and they requested our assistance in the procedures to pay the corporate renewal.

Based upon the failure of our client to receive the renewal form due to an address change, we are therefore formally requesting an acceptance of the renewal form without penalty.

Should you have any questions, please contact my office.

Thank you,  
Sincerely,



David Hernandez