

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94427

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** LAMPSHADES OF FLORIDA, INC.

**Current Principal Place of Business:**

3000 N. UNIVERSITY DRIVE  
SUITE E  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

741 NW 57 PLACE  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

3000 N. UNIVERSITY DRIVE  
SUITE E  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

741 NW 57 PLACE  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 59-2398825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POST, III, MORTON C.  
3000 N. UNIVERSITY DRIVE  
SUITE E  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

POST, III, MORTEN C.  
741 NW 57 PLACE  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: MORTEN C. POST III

04/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: POST III, MORTEN C.  
Address: 741 NW 57 PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MORTEN C. POST III

PRES

04/09/2011

Electronic Signature of Signing Officer or Director

Date