## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2005 8:00 am Secretary of State

DOCUMENT # P02000073040  1. Entity Name INTERIORS BY ALICIA LASALA, INC.									01-10-2005	90027 02	9 ***158.7	75	
Principal Plac													
6674 SERENA LANE BOCA RATON, FL 33433				Mailing Address 6674 SERENA LANE BOCA RATON, FL 33433			40000272						
2. Principal Place of Business 21301 Pover-line Boad				3. Mailing Address 21301 Powerline Road									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					o				
Suite 103			مـ	Suite 103				01052005	Chg-P	CH2E	034 (10/03)		
City & State				City & State				4. FEI Numb			No	oplied For ot Applicable	
Zip		Country		Zip	Cour	ntry		5. Certificate	e of Status Desire	· 🔀	\$8.75 Add Fee Require	ditional	
<del></del>	6. Name and Address of Current Registered Agent					<del></del>		7. Name and	d Address of Nev	v Registered			
							Name						
6674 SERI	ENA LANE				Street Address			(P.O. Box Number is Not Acceptable)					
BOCA RA	ION, FL	33433											
j 				-			rte 103  FL Zip Code					e	
O. The observe						,	1				<u> </u>		
	ions of regist		ment for the	purpose of changing i	ıs register	ea onice o	register	eo agent, or bo	oth, in the State of	riorida. I ar	n tamiliar with,	and accept	
SIGNATURE	X	Leni (	X-9,	l,						1/6/	5		
SIGNATURE	Signature Av Ded	or printed porm of register	red egent and tit	e l'applicable. (NO	TE: Register	d Agent signat	ure required	when reinstating)		DATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.													
10.		OFFICER	S AND DIRE	CTORS	11.				/CHANGES TO C	FFICERS AN			
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CITY-SI-ZIP					CITY	-ST-ZIP	<u></u>						
12. I hereby certify that the information supplied with this filling 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.													
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SIGNAT	UKE:/	SKINATIOE AND TV	DED OR BOINT	O NAME OF SIGNING OFFICE	D OO MOSC	TOD			0,00	1-01	D. 4		

Alein on LASAIA, President