## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000004185**

1. Entity Name

RONNIE INTERIOR DESIGN, INC.



FILED Jan 12, 2007 08:00 AN Secretary of State

Principal Place of Business

1011 TRAILMORE LANE WESTON, FL 33326 US Mailing Address

1011 TRAILMORE LANE WESTON, FL 33326 US



## DO NOT WRITE IN THIS SPACE

01062007 No Chg-P

P CR2E034 (11/05)

4. FEI Number 65-0924320 Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALPERN, RONNIE 1011 TRAILMORE LANE WESTON, FL 33326

## DO NOT WRITE IN THIS SPACE

WESTON, FL 33326			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						
	Signature, typed or printed name of registered agent and title	d applicable, (NOTE: Registered	d Agent signature	(gottatanier nodw besuper	DATE	
FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	01/16/07-80023-019 158.75	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALPERN, RONNIE 1011 TRAILMORE LN. WESTON, FL 33326					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

.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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRENTED NAME OF SIGNING OFFICER OR DIRECTOR

RONNIE HALPER

1-8-01

954.349.6363

Daytime Phone