## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY -7 AM 9: 03

DOCUMENT # S73019  1. Enlity Name PROFESSIONAL BLINDS SYSTEMS INC.						OOTIAT	•		
Principal Place of Business Mailing Address					1				
6850 N.W.			2665 S. BAYSHORE DR.						
MIAMI, FL 3 	33166 US		SUITE 703 MIAMI, FL 33133 US						
		131410, 12 00100							ID A HEL
2. Principal i	Place of Business - No P.O Box #	3. Mailing Address	. Mailing Address						
Suite, Apt	. #, etc	Suite, Apt #, etc	Suite, Apt #, etc			Chg-P	CR2E034 (1	12/06)	
City & State		City & State	City & State		4. fEl Number 65-02888	B01		$\rightarrow$	olled For Applicable
Zip	Country Zip		Country		5. Certificate of	-		75 Addi	tional
	6. Name and Address of Current	Registered Agent	1		7. Name and A	idress of New Re			
DOLANCE	OV MITOURIL O			Name	<del></del>				
POLANSKY, MITCHELL S 2665 S BAYSHORE DR STE. 703				Street Address (P O Box Number is Not Acceptable)					
MIAMI, FL	. 33133								
				City		·	FL Z	ip Code	
8. The above the obligation	named entity submits this statement for tions of registered agent	the purpose of changing its	registere	ed office or register	ed agent, or both,	in the State of Flor	ida I am famili	ar with, a	and accept
SIGNATURE.	Signature typed or printed name of registered agent a	ryd ittle if anolleable (NETT	E- Qualeters	d Agent signature required	ubon raintelina		DATE		
	7,500	(6)		a regard migrature recordor	TWO TOWNS ASSURE OF		OATE .		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Conti			.00 May Be ed to Fees				İ
10.			11.		ADDITIONS/CF	IANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11
TITLE NAME	ner no		TITLE	<b>I</b>				Change	☐ Addition
STREET ADDRESS			•	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33166 CITY		-ST-ZIP						
TITLE	VP	☐ Delete ITIL						hange	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33166			S1-ZIP					1
TITLE	S	☐ Delete	TITLE			1-11		hange	Addition
NAME	MATOS, TOMAS		NAME	į.	~ ~ ~ ~ ~ ~ ~	<b>0129</b> 4 0801024	1646	49	
STREET ADDRESS CITY-ST-ZIP	6850 N.W. 74TH STREET MIAMI, FL 33166			ET ADORESS ST-ZIP	U5/14/	U801024	025	<b>*</b> *187	77.50
TITLE	T	☐ Delete	TITLE				ш.	hange	Addition
NAME	MENDEZ, BERNARDO	Delete	NAME						LI MUNION
STREET ADDRESS	6850 N.W. 74TH STREET			T ADORESS					-
CITY-ST-ZIP	MIAMI, FL 33166 D			ST-ZIP			, m,		
NAME :	GARCIA, JOSE	Delete	TITLE				<u> П</u> С	hange	Addition
STREET ADDRESS	6850 N.W. 74TH STREET		STREE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33166		-	ST-ZIP					
TITLE NAME		Delete	TITLE	1			c	hange	Addition
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
12. I hereby of indicated	erify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee epicon	bis filing does not qualify for the and accurate and that m	the exe	mptions contained	in Chapter 119, Fl	orida Statutes 1 fu	irther certify tha	t the info	ormation director
of the corp changed.	or on an allachment with an address. w	in all other like empowered	as requir	ed by Chapter 607,	, Florida Statutes; a	nd that my name	appears in Bloc	k 10 or E	Block 11 if
Jose Manuel Belsol 4/30/08 (305) 858-9900 SIGNATURE:									
SIGNAI	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER O	OR DIRECTO	OR		Oate	Daylime P	hone #	
			<del></del>						