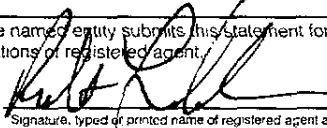
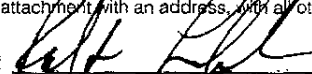


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # S86755 1. Entity Name SUNSTATE DRAPERY SERVICES, INCORPORATED					
Principal Place of Business 3830 S NOVA RD SUITE C-4 PORT ORANGE FL 32127 US			Mailing Address 3830 S NOVA ROAD SUITE C-4 PORT ORANGE FL 32127 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. # etc.			
City & State		City & State		4. FEI Number 59-3088781	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LABIAK, ROBERT P. 2005 S RIVERSIDE DR #15 EDGEWATER FL 32141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  ROBERT LABIAK PRESIDENT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 1/23/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LABIAK, ROBERT P. 1327 WAYNE AVE. NEW SMYRNA BEACH FL 32168	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000014987 01/27/04-80045-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABIAK, ELIZABETH M. 2126 S. RIVERSIDE DR. EDGEWATER FL 32141	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LABIAK, PAMELA E. 233 E. 89TH ST., APT 2C NEW YORK NY 10128	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  ROBERT LABIAK PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 1/23/04 386761944 Daytime Phone #	