


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 004 ***150.00

DOCUMENT #515190 1. Entity Name ANITA MARGOLIS INTERIOR DESIGN, INC.	
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Principal Place of Business 1541 BRICKELL AVE #2005 MIAMI, FL 33129 US	Mailing Address 1541 BRICKELL AVE #2005 MIAMI, FL 33129 US
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2. Principal Place of Business - No P.O. Box # 100 SE 5TH AVENUE	3. Mailing Address SAME
Suite, Apt. #, etc. #106	Suite, Apt. #, etc.
City & State BOCA RATON	City & State
Zip 33432	Country FL



03232008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1712428		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARGOLIS, ANITA 1541 BRICKELL AVE #2005 MIAMI, FL 33129 MARGOLIS, ANITA 100 SE 5TH AVE #106 BOCA RATON, FL 33432		
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	DP MARGOLIS, ANITA 1541 BRICKELL AVE. #2005 MIAMI, FL 33129 100 SE 5TH AVE #106 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARGOLIS, HERBERT G. 1541 BRICKELL AVE. #2005 MIAMI, FL 33129 100 SE 5TH AVE #106 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 **588-4041**
Date Daytime Phone #