

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000081540

**Entity Name:** MICHAEL'S CUSTOM WINDOW TREATMENTS INC.

**Current Principal Place of Business:**

4270 NW 19TH AVE., #7C  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

4270 NW 19TH AVE., #7C  
POMPANO BEACH, FL 33064

**FEI Number:** 65-0617347

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARIGLIO, MICHAEL  
4270 NW 19TH AVE., #7C  
POMPANO BEACH, FL 33064 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CARIGLIO, MICHAEL  
Address 4270 NW 19TH AVE, #7-C  
City-State-Zip: POMPAN BEACH FL 33064

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL CARIGLIO

**PRESIDENT**

**01/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date