

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 323812

FILED
Apr 01, 2009
Secretary of State

Entity Name: FORD SHADES & DRAPERIES, INC.

Current Principal Place of Business:

14240 N.E. 18TH AVE
N. MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

14240 N.E. 18TH AVE
N. MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-1199123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRECHMAN, STEVEN B.
2775 SUNNY ISLES BLVD. STE 100
MIAMI, FL 33160 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MONUSE, HAROLD,
Address: 20191 E COUNTRY CLUB DR.
City-St-Zip: N. MIAMI BEACH, FL

Title: PD () Delete
Name: MONUSE, DAVID,
Address: 14240 N.E. 18TH AVE
City-St-Zip: NO. MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD MONUSE

VD

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date