2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 01, 2008 08:00 AM **DOCUMENT # 407587 Secretary of State** SUTTON DRAPERIES, INC Principal Place of Business Mading Address 1762 N.E. 205 TERRACE NORTH MIAMI BCH FL 33179 1762 N.E. 205 TERRACE NORTH MIAMI BCH FL 33179 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1411467 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN BARG Street Address (P.O. Box Number is Not Acceptable) 1762 NE 205 TERR NORTH MIAMI BEACH FL 33179 City 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: Senature, typed or mined learn of registred poent and tale Transforable DATE INDIE Registered Agent eignatum required when remitating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Change Addition TITLE ☐ Deicte NAME BARG, STEVEN NAME IJ00000810762 STREET ADDRESS 833 HÉRON ROAD STREET ADDRESS n2/08/08-80077-019 150.00 CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE TITLE Addition Derete Change COLENZO, VICKIE NAME NAME STREET ADDRESS 9840 NW 20TH COURT STREET ADDRESS. CITY - ST- ZIP PEMBROKE PINES FL 33024 City-ST-2iP ☐ Change TITLE Derete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-712 CITY-ST-ZIP THEF ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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.

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SIGNATURE: SEMATURE AND TYPED OF PRINTED NAME OF SIGNING GENCER OF DIRECTO

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Jan 30, 2008 305-653-77.

☐ Change

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