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.

Principal Place of Business	Mailing Address
1541 BRICKELL AVE #2005 MIAMI, FL 33129 US	1541 BRICKELL AVE #2005 MIAMI, FL 33129 US

03232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 SE 5TH AVENUE	SAME
Suite, Apt. #, etc.: #106	Suite, Apt. #, etc.
City & State: BOCA RATON	City & State
Zip: 33432 Country: FL	Zip Country

4. FEI Number: 59-1712428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete MARGOLIS, ANITA 1541 BRICKELL AVE. #2005 — 100 SE 5TH AVE #106 MIAMI, FL 33129 — BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete MARGOLIS, HERBERT G. 1541 BRICKELL AVE. #2005 — 100 SE 5TH AVE #106 MIAMI, FL 33129 — BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: Anita Margolis 3/31/08 (305) 588-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #