

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90032 019 ***158.75

DOCUMENT # 611933

1. Entity Name

BLIND MADE PRODUCTS, INC.



Principal Place of Business

**4364 S. W. 74 AVE
MIAMI FL 33155**

Mailing Address

**4364 S. W. 74 AVE
MIAMI FL 33155**



2. Principal Place of Business

4370 SW 74 Avenue
Suite, Apt. #, etc.

3. Mailing Address

4370 SW 74 Ave
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-1888424

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOO BERNITA
4364 S. W. 74TH AVENUE
MIAMI, FL
MIAMI FL 33155**

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WOO, BERNITA**
STREET ADDRESS **4364 SW 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
NAME **CENTENO, MANUEL J**
STREET ADDRESS **4364 SW 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Delete
NAME **CENTENO, MIRTA R**
STREET ADDRESS **4364 SW 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete
NAME **CENTENO, MANUEL A**
STREET ADDRESS **4364 SW 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **AP** ☐ Delete
NAME **CENTENO, EDWIN A.**
STREET ADDRESS **4364 SW 74 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

3/17/06 305-264-8634