

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                               |                                                                                                                        |                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 681968</b><br>1. Entity Name<br>AAA QUALITY BEDSPREAD, DRAPERY & QUILTING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                               |                                                                                                                        |                                                                                        |  |
| Principal Place of Business<br>1646 E. ATLANTIC BLVD.<br>POMPANO BEACH FL 33060                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                               | Mailing Address<br>1646 E. ATLANTIC BLVD.<br>POMPANO BEACH FL 33060                                                    |                                                                                                                                                                         |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                               | 3. Mailing Address<br>Suite, Apt #, etc.                                                                               |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                               | City & State                                                                                                           |                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | Country                       |                                                                                                                        | 4. FEI Number <b>59-2024946</b>                                                                                                                                         |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                           | Applied For<br>Not Applicable |                                                                                                                        |                                                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CANELL, JAMES J.</b><br><b>1646 E. ATLANTIC BLVD.</b><br><b>POMPANO BEACH FL 33060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                               |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                               |                                                                                                                        |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br><b>CANELL, JAMES J.</b><br><b>1646 E. ATLANTIC BLVD.</b><br><b>POMPANO BEACH FL</b> |                               | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                                                                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James Canell, Pres</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                               | 2-2-04 945-944-1646                                                                                                    |                                                                                                                                                                         |  |