2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # F32832 t. Entity Name				Secretary of State	L
BUILT RE	TE INTERIORS, INC.				
Principal Plac	ce of Business	Mailing Address	<del>-</del>		
1210 STIRL	ING RD.	1210 STIRLING AD.			
#4 DANIA FL 3	33004	#4 DANIA FL 33004			
2. Principal F	Place of Business	3. Mailing Address		Churche film will frant trief till annt amer mint mint eran aran 25 31 350	n
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		1st MOORE CH2E034 (10/05)	
City & Stat	te	City & State		4. FEI Number 59-2098107 Applied F. Not Applied	
Zip	Country	Zip	Country	Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Address of New Registered Agent	
BUT	DA, MARTIN	-	Name		•
442 FAIRMOUNT LANE		•	Street Address	(P.O. Box Number is Not Acceptable)	
FT.	LAUDERDALE FL 33326				
			City	FL Zip Code	
	e named entity submits this statement for tions of registered agent	r the purpose of changing its re-	gistered affice or registe	ered agent, or both, in the State of Florida. I am familiar with, and ac	_ .¢€(
SIGNATURE	Signature, typed or punish harne of registered agent	end life d amplicable. (NOTE R	egistered Agent signature, respire	ed when (constating) DATE	-
<u> </u>	TLE NOW!!! FEE IS \$150.00	450 17			
After	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
THILE	PO	Derete	TITLE	☐ Change ☐ Ad	irînan Tanı
NAME STREET ADDRESS	RUDA, MARTIN 442 FAIRMOUNT LANE		NAME SIBEET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		CITY-ST-ZIP	03/20 <b>/06-8</b> 00 <b>24-025</b> 1 <b>50.</b> 00	
TITLE	STD	☐ Defeke	TITLE	☐ Change ☐ Ad	Mili
NAME STREET ADDRESS	RUDA, GIDEON 17700 NW 87 AVE		NAME STREET ADORESS		
CITY-ST-ZIP	TAMARAC FL 33321		CHY-ST-ZIP		
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NAME STREET ADDRESS		1	NAME SIRLEI ADDRESS		
City-St-719			CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-71P	}		STREET ADDRESS CITY-51-20		
MILE		☐ Delete	TITLE	☐ Change ☐ Art	4436
NAME Crass Lagorian			NAME	·· •	
STRELI ADDRESS CITY-ST-ZIP			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. Floods 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 path, that I am an officer or director of the corporation or the receiver or frustee 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.

DICALATURE MATTER Rule

J-1-26 Gay 02-9-9-12