

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90036 016 ***150.00

DOCUMENT # F53219

1. Entity Name
HELENE HAAS INTERIORS, INC.



Principal Place of Business
**4047 OKEECHOBEE BLVD., STE. 102
W. PALM BCH., FL 33409**

Mailing Address
**4047 OKEECHOBEE BLVD., STE. 102
W. PALM BCH., FL 33409**

44012335



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2140325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAAS, HELENE
4047 OKEECHOBEE BLVD., STE. 102
W. PALM BCH., FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAAS, HELENE
STREET ADDRESS	364 GOLFVIEW ROAD
CITY - ST - ZIP	NO. PALM BEACH, FL
TITLE	SPT
NAME	HAAS, HELENE
STREET ADDRESS	364 GOLFVIEW ROAD
CITY - ST - ZIP	NO. PALM BEACH, FL
TITLE	V
NAME	ROSSODIVITA, CRISTINA
STREET ADDRESS	536 DRIFTWOOD RD.
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 my address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 **<561> 471-5714**

Date

Daytime Phone #