

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		4. FEI Number 59-2140325																																																																																																																																																							
5. Certificate of Status Desired ☐		Applied For Not Applicable																																																																																																																																																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																											
6. Name and Address of Current Registered Agent HAAS, HELENE 4047 OKEECHOBEE BLVD., STE. 102 W. PALM BCH, FL 33409				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 _____ (NOTE: Registered Agent signature required when resigning) 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 \$5.00 May Trust Fund Contribution. ☐ Added to Fee																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U00000449466</td> <td style="width: 40%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>HAAS, HELENE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>364 GOLFVIEW ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NO. PALM BEACH FL</td> <td></td> <td>CITY-ST-ZIP</td> <td>03/09/06-80057-008 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SPT</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>HAAS, HELENE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>364 GOLFVIEW ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NO. PALM BEACH FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>ROSSODIVITA, CRISTINA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>536 DRIFTWOOD RD.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PALM BEACH FL 33408</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D	☐ Delete	TITLE	U00000449466	☐ Change ☐ Add	NAME	HAAS, HELENE		NAME			STREET ADDRESS	364 GOLFVIEW ROAD		STREET ADDRESS			CITY-ST-ZIP	NO. PALM BEACH FL		CITY-ST-ZIP	03/09/06-80057-008 150.00		TITLE	SPT	☐ Delete	TITLE		☐ Change ☐ Add	NAME	HAAS, HELENE		NAME			STREET ADDRESS	364 GOLFVIEW ROAD		STREET ADDRESS			CITY-ST-ZIP	NO. PALM BEACH FL		CITY-ST-ZIP			TITLE	V	☐ Delete	TITLE		☐ Change ☐ Add	NAME	ROSSODIVITA, CRISTINA		NAME			STREET ADDRESS	536 DRIFTWOOD RD.		STREET ADDRESS			CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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]
 SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

2/27/06 (S61) 471,570