


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F96466 1. Entity Name TED STAHL INTERIOR DESIGN, INC.																													
Principal Place of Business P. O. BOX 330699 COCONUT GROVE FL 33233-0699 US			Mailing Address P. O. BOX 330699 COCONUT GROVE FL 33233-0699 US																										
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-2211363 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STAHL, ALWIN E 2867 DAY AVENUE COCONUT GROVE FL 33133																									
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 reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STAHL, ALWIN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2867 DAY AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT GROVE FL 33133</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	STAHL, ALWIN E		STREET ADDRESS	2867 DAY AVENUE		CITY-ST-ZIP	COCONUT GROVE FL 33133		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>000000013279</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>01/29/04-80016-019 150.00</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	000000013279		STREET ADDRESS	01/29/04-80016-019 150.00		CITY-ST-ZIP		
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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: Alwin E. Stahl **Alwin E. Stahl** **1-21-04** **(305) 444-0150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #