

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96466

1. Entity Name

TED STAHL INTERIOR DESIGN, INC.



FILED

Jan 25, 2007 08:00 AM
Secretary of State



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2211363

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAHL, ALWIN E
2867 DAY AVENUE
COCONUT GROVE FL 33133

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 officer 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 renaming)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME STAHL, ALWIN E
STREET ADDRESS 2867 DAY AVENUE
CITY ST ZIP COCONUT GROVE FL 33133

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

0000000504073 Change Addition
01/29/07-80039-006 150.00

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Change Addition

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: *Alwin E. Stahl*

Alwin E. Stahl 1-23-07 305 444-0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #