


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H10593**  
 1. Entity Name  
**INTERIORS BY STEVEN G., INC.**



Principal Place of Business      Mailing Address  
**1608 N.W. 23RD AVE.**      **1608 N.W. 23RD AVE.**  
**FT LAUDERDALE, FL 33311**      **FT LAUDERDALE, FL 33311**

**DO NOT WRITE IN THIS SPACE**



01172005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-2423977**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GUROWITZ, STEVEN**  
**1608 N.W. 23RD AVE.**  
**FT. LAUDERDALE, FL 33311**

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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, 2005 Fee will be \$550.00**

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

U00000262140  
 03/14/05-80042-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUROWITZ, STEVEN 13195 BISCAYNE BAY DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS 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)(f), 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:**       Date **3/10/05**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR