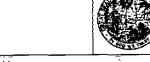
## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # H10593

1. Entity Name INTERIORS BY STEVEN G., INC.

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



**FILED** Mar 06, 2006 08:00 AM Secretary of State

Fee Required

Daytime Phone #

Mailing Address 1608 N.W. 23RD AVE. FT LAUDERDALE, FL 33311



## DO NOT WRITE IN THIS SPACE

01242006 No Chg-P  4. FEI Number 59-2423977		CR2E034 (11/05)		
			Applied For	
			Not Applicable	
5. Certificate of Status Desired			\$8.75 Additional	

6. Name and Address of Current Registered Agent

GUROWITZ, STEVEN 1608 N.W. 23RD AVE. FT. LAUDERDALE, FL 33311

SIGNATURE: 🔏

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered of	Rice or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Age	nt signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.		9. Election Campaign Financing Trust Fund Contribution.	, [	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUROWITZ, STEVEN 13195 BISCAYNE BAY DR MIAMI, FL				UNNNON457091 03/15/06 <b>-8</b> 0056-002 <b>15</b> 0.00		
TITLE NAME STREET AUDRESS CITY-ST-ZIP					03, 19, 00 00030 002 100,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO NOT WRITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
12. I hereby indicated of the co-	certify that the information supplied with this don this report or supplemental report is true reporation or the receiver or trustee of powers t, or on an attachment with an appress with a	illing does not qualify for the exemp and accurate and that my signature of to execute this report as regulred to the like empowered.	shall ha	intained in Chapter 11 ive the same legal effecter 607, Florida Statut	<ol> <li>Florida Statutes. I further certify that the information of as if made under eath; that I am an officer or director les; and that ny name appears in Block 10 or Block 11 if</li> </ol>		

OFFICER OR DIRECTOR