


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90259 007 \*\*\*150.00

<b>DOCUMENT # J28121</b> 1. Entity Name CUSTOM TOUCH INTERIORS, INC.																					
Principal Place of Business 15476 MW 77 CT. 436 MIAMI LAKES, FL 33016 US		Mailing Address 15476 NW 77CT. 436 MIAMI LAKES, FL 33016 US																			
2. Principal Place of Business 8004 NW 154 ST Suite, Apt. #, etc. 331		3. Mailing Address 8004 NW 154 ST Suite, Apt. #, etc. 331																			
City & State MIAMI LAKES, FL Zip 33016 Country DADE		City & State MIAMI LAKES, FL Zip 33016 Country DADE																			
4. FEI Number 59-2725071		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  LITOS, AMALIA HELEN 15476 NW 77 CT/ SUITE 436 MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name - SAME Street Address (P.O. Box Number is Not Acceptable) 8004 NW 154 ST # 331 City MIAMI LAKES FL Zip Code 33016																			
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: <u>Amalia Litos</u> DATE: <u>04/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LITOS, AMALIA HELEN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7910 N.W. 167 TERR. HIALEAH, FL</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	LITOS, AMALIA HELEN		CITY-ST-ZIP	7910 N.W. 167 TERR. HIALEAH, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(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: <u>Amalia Litos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>04/18/05</u> TIME: <u>305/8200447</u> <small>Daytime Phone #</small>																			

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04182005 Chg-P CR2E034 (10/03)