
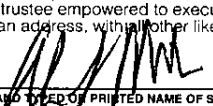


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90723 018 ***150.00

DOCUMENT # J55787 1. Entity Name UNIVERSAL BLINDS, INC.																																																																																																											
Principal Place of Business 4890 NORTH STATE ROAD 7 TAMARAC, FL 33319 US			Mailing Address 4890 NORTH STATE ROAD 7 TAMARAC, FL 33319 US																																																																																																								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																								
City & State Tamarac, FL			City & State Tamarac, FL																																																																																																								
Zip 33309			Zip 33309																																																																																																								
Country			Country																																																																																																								
4. FEI Number 59-2767028			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 MILLER, ALAN 4890 NORTH STATE ROAD 7 TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name (Alan Miller) Street Address (P.O. Box Number is Not Acceptable) 3920 NW 49th Street City Tamarac FL Zip Code 33309																																																																																																								
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			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MILLER, ALAN L.</td> <td></td> <td>STREET ADDRESS</td> <td>3920 NW 49th Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4890 NORTH STATE ROAD 7</td> <td></td> <td>CITY-ST-ZIP</td> <td>Tamarac FL 33309</td> <td></td> </tr> <tr> <td></td> <td>TAMARAC, FL 33319</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MILLER, ALAN L.		STREET ADDRESS	3920 NW 49th Street		CITY-ST-ZIP	4890 NORTH STATE ROAD 7		CITY-ST-ZIP	Tamarac FL 33309			TAMARAC, FL 33319					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			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:  4/15/04 954-486-7875 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																											

94057133



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