

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90212 010 \*\*\*150.00

**DOCUMENT # K28801**

1. Entity Name

**SUPREME WINDOW SHADES, INC.**



Principal Place of Business 7431-58 WEST ATLANTIC AVE. DELRAY FL 33446	Mailing Address 7431-58 WEST ATLANTIC AVE. 4055 W ATLANTIC AVE DELRAY FL 33446
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**24069341**



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1794713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GELMAN, CARL**  
**5608 NW 66TH AVE.**  
**CORAL SPRINGS FL 33067**

**7. Name and Address of New Registered Agent**

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GELMAN, CARL</b> <b>5608 NW 66TH AVE.</b> <b>CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GELMAN, HOPE M</b> <b>5608 NW 66TH AVE.</b> <b>CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 reports 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:** *Carl Gelman* **5/3/04** **561-499-1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 24069341

# K28801

SUPREME WINDOW SHADES, INC. Attachment K 28801 5/3/2004 22256  
FLORIDA DEPT OF STATE CORP FEE 150.00

TO WHOM IT MAY CONCERN - BEFORE I MAILED IN THIS CHECK FOR \$150.00 I  
SPOKE WITH A REPRESENTATIVE THIS MORNING AND EXPLAINED THAT MY HUSBAND  
WAS IN THE HOSPITAL (HE HAD A MILD STROKE LAST WEEK) AND I JUST RETURNED  
TO OUR STORE AND WAS HANDLING ALL THE MAIL AND FOUND THIS DOCUMENT.  
THE REP. TOLD ME IT WAS OK TO MAIL IN THE AMOUNT ABOVE AS YOU WERE  
NOT CHARGING THE PENALTY AT THIS TIME FOR LATE MAIL-INS.  
THANK YOU FOR YOUR UNDERSTANDING AT THIS TIME.

*Steph Belman*

SUPREME DOC # K28801/FCI # 50-1704713 150.00

