

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90033 030 \*\*\*150.00

<b>DOCUMENT # K28801</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1794713	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GELMAN, CARL 5608 NW 66TH AVE. CORAL SPRINGS, FL 33067			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>See ATTACH FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELMAN, CARL		NAME		
STREET ADDRESS	5608 NW 66TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33067		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELMAN, HOPE M		NAME		
STREET ADDRESS	5608 NW 66TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33067		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Hope Gelman</i>			Date: 7-4-08 561-499-1100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40110869  
# K28801

Subj: RE: CORP RENEW..  
Date: 6/13/2008 11:03:51 A.M. Eastern Daylight Time  
From: SToner@dos.state.fl.us  
To: SUPREMESHADES@aol.com

Mr. Gelman,

We are current in processing and filing annual reports. We have no record of receiving the report or payment. It may have been lost or misdirected in the mail.

Please send another report and payment. To insure you are not charged the \$400.00 late fee, please include a letter stating the original report was mailed in April and that the check has never cleared your bank.

Sincerely,

Sean P. Toner  
Division of Corporations  
850-245-6989

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida's Secretary of State, is committed to continuously assessing and improving the level and quality of services provided to you. Simply click on the link to the "DOS Customer Satisfaction Survey." Thank you in advance for your participation. DOS Customer Satisfaction Survey

**From:** corphelp  
**Sent:** Friday, June 13, 2008 10:59 AM  
**To:** Toner, Sean  
**Subject:** FW: CORP RENEW..

Please assist.

*Thank You*  
*Cathy*  
*Internet Access*

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**From:** SUPREMESHADES@aol.com [mailto:SUPREMESHADES@aol.com]  
**Sent:** Friday, June 13, 2008 10:50 AM  
**To:** corphelp  
**Subject:** CORP RENEW..

Help!!

I have sent out the corporate  
renew papers on 4/22/08 with a check of \$150.00 payable to Division of Corporation.

As of this date the check has not cleared my bank and the 2008 update is not showing up as  
filed on the your website.

Please advise.

# ATTACHMENT

Sincerely,  
Carl Gelman  
Supreme Window Shades Inc  
7431 #58 West Atlantic Ave  
Delray Beach, Fl. 33446  
Doc # K28801(?)

~~40110869~~  
# K28801

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Vote for your city's best dining and nightlife. City's Best 2008.

# ATTACHMENT

Page 1 of 1

Subj: **CORP RENEW..**  
Date: 6/13/2008 10:50:02 A.M. Eastern Daylight Time  
From: SUPREME SHADES  
To: [corphelp@dos.state.fl.us](mailto:corphelp@dos.state.fl.us)

40110869  
# K28801

Help!!

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Please advise.

Sincerly

Carl Gelman

Supreme Window Shades Inc

7431- #58-West Atlantic Ave

Delray Beach, Fl. 33446

Doc # K28801(?)

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Vote for your city's best dining and nightlife. [City's Best 2008](#).