


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90055 048 \*\*\*150.00

<b>DOCUMENT # K76081</b> 1. Entity Name <b>CAROL ROSSI INTERIORS, INC.</b>																		
Principal Place of Business <b>1157 CHESSINGTON CR HEATHROW FL 32746 US</b>			Mailing Address <b>1157 CHESSINGTON CR HEATHROW FL 32746 US</b>															
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.															
City & State			City & State															
Zip	Country	Zip	Country	4. FEI Number <b>59-2937542</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>														
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ROSSI, CAROL 1157 CHESSINGTON CR. HEATHROW FL 32746</b>														
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">DP <input type="checkbox"/> Delete</td> <td style="width: 30%;">NAME</td> <td style="width: 10%;">ROSSI, CAROL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1157 CHESSINGTON CIR</td> <td>CITY-ST-ZIP</td> <td>HEATHROW FL 32746</td> </tr> </table>			TITLE	DP <input type="checkbox"/> Delete	NAME	ROSSI, CAROL	STREET ADDRESS	1157 CHESSINGTON CIR	CITY-ST-ZIP	HEATHROW FL 32746	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Carol Rossi* *Carol Rossi* 3/17/04 (407) 333-9097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #