


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # K80854 1. Entity Name CONSULTANTS - FOR - INTERIORS, INC.	
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Principal Place of Business 5030 CHAMPION BLVD.PMB214 #G-6 BOCA RATON, FL 33496	Mailing Address 5030 CHAMPION BLVD.PMB214 #G-6 BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



06032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0116674	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

**UNGAR, REUBEN
5458 STEEPLECHASE
BOCA RATON, FL 33496**

DO NOT WRITE IN THIS SPACE

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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNGAR, SANDRA 5458 STEEPLECHASE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV UNGAR, REUBEN 5030 CHAMPION BLVD.PMB214 BOCA RATON, FL 33496
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06/05/08-80002-005 150.00

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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: Reuben UNGAR **REUBEN UNGAR** June 3, 2008 305-933-1457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #