

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90047 047 \*\*\*150.00

**DOCUMENT # L17939**

1. Entity Name  
**DRAPERIES & BLINDS UNLIMITED, INC.**



Principal Place of Business  
**624 S. FEDERAL HWY.  
DEERFIELD BCH., FL 33441**

Mailing Address  
**624 S. FEDERAL HWY.  
DEERFIELD BCH., FL 33441**

2. Principal Place of Business - No P.O. Box #  
**12201 N.W. 35TH ST.**  
Suite, Apt. #, etc.  
**SUITE 532**

3. Mailing Address  
**12201 N.W. 35TH ST.**  
Suite, Apt. #, etc.  
**SUITE 532**

City & State  
**CORAL SPRINGS, FL.**  
Zip  
**33065** Country  
**U.S.A.**

City & State  
**CORAL SPRINGS FL.**  
Zip  
**33065** Country  
**U.S.A.**

01142008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0149107** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VIGORITA, LOUIS F TRES.**  
**624 S FEDERAL HWY.**  
**DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name  
**VIGORITA LOUIS V.P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12201 N.W. 35TH ST.**  
**SUITE 532**  
City  
**CORAL SPRINGS, FL** Zip Code  
**33065**

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: **F. Louis Vigorita** **F. LOUIS VIGORITA V.P.** **1/14/08**  
Signature, type or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

T  
NAME  
**VIGORITA, F. LOUIS** ☐ Delete  
STREET ADDRESS  
**624 S. FEDERAL HWY**  
CITY-ST-ZIP  
**DEERFIELD BEACH, FL 33441**

P  
NAME  
**COURIER, SCOTT R.** ☐ Delete  
STREET ADDRESS  
**3057 NW 48TH AVENUE**  
CITY-ST-ZIP  
**COCONUT CREEK, FL 33063**

NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**V.P. & T.** ☒ Change ☐ Addition  
NAME  
**VIGORITA F. LOUIS**  
STREET ADDRESS  
**12201 N.W. 35TH ST. #532**  
CITY-ST-ZIP  
**CORAL SPRINGS, FL 33065**

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: **F. Louis Vigorita** **F. LOUIS VIGORITA V.P.** **1/14/08** **954-340-0227**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #