2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20209

SMITH, JASON

3700 NE 3RD AVE

FT LAUDERDALE, FL 33334

Name:

Address:

City-St-Zip:

FILED Feb 17, 2009 Secretary of State

Entity Name: ACCENT CLOSETS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3700 NE 3 FT LAUDE	RD AVE ERDALE, FL 3333.	4 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3700 NE 3 FT LAUDE	RD AVE ERDALE, FL 3333.	4 US			
FEI Number:	: 59-2974261 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NASSAU, 3700 NE 3 FT LAUDE		4 US	RON ANNECHIARICO 3700 NE 3RD AVE FT LAUDERDALE, FL		
	named entity suble of Florida.	mits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: RON ANNEC	CHIARICO		02/17/2009	
	Electronic S	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tru	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO (X) Del NASSAU, ARTHUR, 3700 NE 3RD AVE FT LAUDERDALE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () Del NASSAU, REA 3700 NE 3RD AVE FT LAUDERDALE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Del ANNECHIARICO, RO 3700 NE 3RD AVE FT LAUDERDALE, F	ONALD V	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Del	ete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RON ANNECHIARICO Ρ 02/17/2009