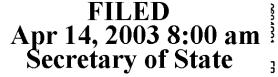
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR L83347 **DOCUMENT #** Entity Name ALL-PRO INTERIORS INC.



04-14-2003 90106 021 ***150.00

ALL-PRO INTERIORS, INC.						
Principal Place of Business 4119 N. S.R. 7 SUITE 876 FT. LAUDERDALE FL 33319		Mailing Address 4119 N. S.R. 7 SUITE 876 FT. LAUDERDALE FL 33319				
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address		-{	
Suite, Apt. #, etc.		Suite, Apt. #, etc			CHĒCK HERE IF MAKING CHĀN	GES
City & State		City & State			4. FEI Number 65-0200834 Applied For	
Zip Country		Zip Country			5. Certificate of Status Desired See Re	Not Applicable Additional
* * * * * * * * * * * * * * * * * * * *	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New Registered Agent	quirec
o. Hame and Address of Suffering Success Agent				Name		
Sheehan, Daniel`f.				Street Address (P.O. Box Number is Not Acceptable)		
6621 SW 56TH ST				Street Address ((P.O. Box Number is Not Acceptable)	
DAVIE FL	33314					
•			,	City	FL Zip	Code
F. Afte	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	المعالم	Registered A	gent signature required	9Election Campaign Financing	65.00 May Be
10.	OFFICERS AN		11.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHEEHAN, DANIEL F. 6621 SW 56TH ST DAVIE FL	☐ Delete	TITLE NAME STREET A	II	∵ □ Cha	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DAVIS, JOSEPH H. 6828 S.W. 15TH STREET PEMBROKE PINES FL	☐ Delete	TITLE NAME STREET A	II	☐ Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	I	☐ Cha	inge
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS	☐ Cha	inge
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS	☐ Cha	inge
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**	☐ Delete	TITLE NAME STREET A	1	☐ Cha	nge Addition

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.