## 2004 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

20233 N.E. 15TH COURT

N. MIAMI BEACH FL 33179

## **ANNUAL REPORT (AR) DOCUMENT # M20479** 1. Entity Name

ULTIMATE INTERIORS, INC.

Principal Place of Business

20233 N.E. 15TH COURT

N. MIAMI BEACH FL 33179

2. Principal Place of Business

- RYSHARD, HEIDI

**DAVIE FL 33328** 

the obligations of registered agent.

2917 OAK PARK CIRCLE

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip



Country

Name

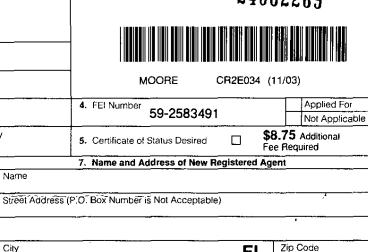
City

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

## FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90306 032 \*\*\*150.00

24062269



SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE [ ] Change Addition RYSHARD, HEIDI NAME NAME STREET ADDRESS 2917 OAK PARK CIRCLE STREET ADDRESS CITY-ST-ZIP DAVIE FL CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-7/P Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

PED OR PRINTED NAME OF SIGNING OFFICER O