


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91052 042 ***150.00

DOCUMENT # M21300 1. Entity Name UTMOST INTERIORS, INC.					
Principal Place of Business 7800 S.W. 57 AVE STE. 330-F S. MIAMI, FL 33143 US			Mailing Address 7800 SW 57 AVE. STE. 330-F S. MIAMI, FL 33143 US		
2. Principal Place of Business 5940 SW 83 Ave.		3. Mailing Address 5940 SW 83 Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State South Miami, FL		City & State South Miami, FL		4. FEI Number 59-2578698	
Zip 33143		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAUB, FREDERICK D 7800 SW 57 AVE STE 330-F S. MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Laub, Frederick D. Street Address (P.O. Box Number is Not Acceptable) 5940 SW 83 Avenue City South Miami FL Zip Code 33143		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAUB, FREDERICK D. 7800 SW 57 AVE., STE. 330F S. MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laub, Frederick D. 5940 SW 83 Avenue South Miami, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: X <i>Frederick D Laub</i>			4/14/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		