2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M29019

1. Entity Name
GULF COAST AMERICAN BLIND CORPORATION

Principal Place of Business	Mailing Address
3705 WESTVIEW DR. NAPLES, FL 34104	3705 WESTVIEW DR. NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2654464
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, CARLOS A.
655 HENLEY DR
NAPLES, FL 34104

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000533463
05/06/06-80125-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, CARLOS A.
STREET ADDRESS	655 HENLEY DRIVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VD
NAME	DIAZ, MARIA D.
STREET ADDRESS	655 HENLEY DRIVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	STD
NAME	DIAZ, EDELMIRA
STREET ADDRESS	80 BRAMPTON LANE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	V
NAME	SCHAEFER, TIM
STREET ADDRESS	8535 IBIS COVE CIR
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V
NAME	RODRIGUEZ, ANGEL
STREET ADDRESS	5682 LAGO VILLAGIO WAY
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	V
NAME	HOFFMAN, TODD
STREET ADDRESS	240 BACKWATER CT
CITY-ST-ZIP	NAPLES, FL 34119

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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: Carla G. Diaz 4/20/06 239 643-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #