

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-04-2006 90143 012 ***150.00

DOCUMENT # M94566

1. Entity Name

FINE LAMP & SHADE CORP.



Principal Place of Business

C/O BRENDA HARMELIN
21011 N.E. 21 CT
NORTH MIAMI BEACH FL 33179

Mailing Address

C/O BRENDA HARMELIN
21011 N.E. 21 CT
NORTH MIAMI BEACH FL 33179



2. Principal Place of Business

17000 N. Bay Road

Suite, Apt. #, etc.

Apt. 1414

City & State

Sunny Isles FL

Zip

33160

Country

DADE

3. Mailing Address

17000 N. Bay Road

Suite, Apt. #, etc.

Apt. 1414

City & State

Sunny Isles FL

Zip

33160

Country

Dade

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0066733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARMELIN, BRENDA
21011 N.E. 21 CT
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name HARMELIN BRENDA

Street Address (P.O. Box Number is Not Acceptable)

17000 N. Bay Road Apt. 1414

City Sunny Isles

FL

Zip Code 33160

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

Brenda Harmelin

Signature typed or printed name of registered agent and into 4 applicable

(NOTE: Registered Agent's signature required when consulting)

4/10/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARMELIN, BRENDA	
STREET ADDRESS	21011 N.E. 21 CT	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARMELIN, MICHAEL	
STREET ADDRESS	21011 NE 21ST CT	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARMELIN BRENDA	
STREET ADDRESS	17000 N. Bay Rd. Apt 1414	
CITY-ST-ZIP	Sunny Isles FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARMELIN MICHAEL	
STREET ADDRESS	17000 N. Bay Rd. Apt 1414	
CITY-ST-ZIP	Sunny Isles FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Harmelin Michael HARMELIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

/Date

305-754-9299

Daytime Phone #