


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90014 016 \*\*\*150.00

<b>DOCUMENT # P00000031826</b> 1. Entity Name <b>ON THE AVENUE INTERIORS INC.</b>																																																																										
Principal Place of Business <b>3721 NE 17TH AVE. POMPAN0 BEACH, FL 33064</b>			Mailing Address <b>3721 NE 17TH AVE. 300 POMPAN0 BEACH, FL 33064</b>																																																																							
2. Principal Place of Business		3. Mailing Address																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																								
City & State		City & State																																																																								
Zip	Country	Zip	Country																																																																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																						
<b>CORPORATION SERVICE COMPANY- 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																						
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D SMITH, NORA L</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4305 RED BLOSSOM WAY #108</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHARLOTTE, NC 28277</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D SMITH, NORA L</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11828 STEPHENSON COURT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHARLOTTE NC 28277</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	D SMITH, NORA L	<input type="checkbox"/> Delete	NAME	4305 RED BLOSSOM WAY #108		STREET ADDRESS	CHARLOTTE, NC 28277		CITY-ST-ZIP																											TITLE	D SMITH, NORA L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	11828 STEPHENSON COURT		STREET ADDRESS	CHARLOTTE NC 28277		CITY-ST-ZIP																							
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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.																																																																										
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <i>Nora Smith</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <i>Nora Smith</i> 3/16/04  <small>Date</small> </div> <div>         704/          650-4757  <small>Daytime Phone #</small> </div> </div>																																																																										



02202004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0995998** Applied For ☐ Not Applicable ☒

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