

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000059377

1. Entity Name
MADE IN THE SHADE FURNITURE, INC.



Principal Place of Business
**330 NW 32ND COURT
 OAKLAND PARK, FL 33309**

Mailing Address
**330 NW 32ND COURT
 OAKLAND PARK, FL 33309**

DO NOT WRITE IN THIS SPACE



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1000334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUITRON, DAVID A
 330 NW 32ND COURT
 OAKLAND PARK, FL 33309**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

U000000115901
 04/16/04-80043-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUITRON, DAVID A 330 NW 32ND COURT OAKLAND PARK, FL 33309
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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.

SIGNATURE: David A. Butron **David A. Butron** 4-13-04 954-563-6617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #