


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90168 003 ***150.00

DOCUMENT # P00000063241 1. Entity Name HIGHLAND INTERIORS, INC.			
Principal Place of Business 4060 EAST LAKE ESTATES DR DAVIE, FL 33328		Mailing Address 4060 EAST LAKE ESTATES DR DAVIE, FL 33328	
2. Principal Place of Business 3001 SW 3rd Ave Bay 5 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft Lauderdale Fl 33315 Zip Country		City & State Ft Lauderdale Fl 33315 Zip Country	
4. FEI Number 65-1020881		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, DAVID 4060 EAST LAKE ESTATES DR DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1207 SW 17th St City Ft Lauderdale Fl 33315 FL Zip Code	
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, 2005 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	D ROSS, DAVID 4060 EAST LAKE ESTATES DRIVE DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1207 SW 17th St Ft Lauderdale Fl 33315	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/29/05</u> Daytime Phone # _____	

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