

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066892

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** WINDOW TREATMENTS BY IMPARATO, INC.

**Current Principal Place of Business:**

1287 N.W. 106TH TERRACE  
PLANTATION, FL 33322

**New Principal Place of Business:**

10002 NW 46 STREET  
SUNRISE, FL 33351

**Current Mailing Address:**

1287 N.W. 106TH TERRACE  
PLANTATION, FL 33322

**New Mailing Address:**

10002 NW 46 STREET  
SUNRISE, FL 33351

**FEI Number:** 65-1041446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IMPARATO, ANA  
1287 NW 106 TERR  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** IMPARATO, VINCENT  
**Address:** 1287 N.W. 106TH TERRACE  
**City-St-Zip:** PLANTATION, FL 33322

**Title:** VP ( ) Delete  
**Name:** IMPARATO, ANA  
**Address:** 1287 NW 106TH TERR  
**City-St-Zip:** PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** IMPARATO, VINCENT  
**Address:** 1287 NW 106TH TERR  
**City-St-Zip:** PLANTATION, FL 33322

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ANA IMPARATO

VP

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date