2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 A Secretary of State

Daytime Phone #

1. Entity Nam	MENT # P000000720 NTERIORS, INC.	230				Secretary of S
9554 BURLINGTON PL BOCA RATON, FL 33434		Mailing Address 7481 SW 8 ST STE D MIAMI, FL 33144-4547				
				04092008	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE TO A	 FEI Number 65-102 Certificate 		Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Keil Beigheim hi	
	A, DANTE LINGTON PL TON, FL 33434		Park The State of		NOT WE	
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 Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fine Trust Fund Contribution		.00 May Be ed to Fees	U00000: 04/29/08-	900740 80041-007 150.00
10.	OFFICERS AND DI	RECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	P ANCHELIA, DANTE 9554 BURLINGTON PL BOCA RATON, FL 33434					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANCHELIA, MURIEL 9554 BURLINGTON PL BOCA RATON, FL 33434		San Agent			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANCHELIA, MIGUEL 6508 NW 9TH ST MARGATE, FL 33063		A State of the second	- 1 t . 1	NOT WI	- 17 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The state of the s	IN	THIS SPA	AGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Supplied Survey of the			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						Secondary of the
indicated of the cor	certify that the information supplied with the on this report or supplemental report is tri poration or the receiver or trustee empowers or on an attachment with an address, with	ue and accurate and that my sign: ered to execute this report as requ	ature shall have the s	ame legal effec	t as if made under oat	h; that I am an officer or director

THE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: