2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000072992

VERTICAL BLINDS PLUS CORP.



Principal Place of Business

1639 CAPE CORAL PARKWAY

UNIT 101 CAPE CORAL, FL 33904 Mailing Address

1639 CAPE CORAL PARKWAY **UNIT 101**

CAPE CORAL, FL 33904

FILED Mar 12, 2007 08:00 AM Secretary of State

Payable to: Dept. of State"



03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1028853 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RODRIGUEZ, CHRISTINA M 1305 SW 31 TERR CAPE CORAL, FL 33914

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | required when reinstating) | DATE |
| File NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0 | 9. Election Campaign Finan Trust Fund Contribution. | eing | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND | DIRECTORS | | | |
| TITLE PSD NAME RODRIGUEZ, CHRISTINA M STREET ADDRESS 1305 SW 31 TERR CHY-S1-ZIP CAPE CORAL, FL 33914 | | | | |
| TITLE D NAME RODRIGUEZ, EDUARDO STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 | | | | 000000664213 03/22/07-80034-015 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | : | IN ⁻ | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | Provide Statutes I further certify that the information |

indicated on this report or supplies with dissiming does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: