


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90027 039 \*\*\*150.00


**DOCUMENT # P0000103051**  
 1. Entity Name  
**WORLD DRAPERY CONTRACTORS, INC.**



Principal Place of Business      Mailing Address  
**5345 Redondo Way**      **5345 Redondo Way**  
**Delray Beach, Fl. 33484**      **Delray Beach, Fl. 33484**

2. Principal Place of Business      3. Mailing Address  
**5345 Redondo Way**      **5345 Redondo Way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Delray Beach, Fl.**      **Delray Beach, Fl.**  
 Zip      Country      Zip      Country  
**33484**      **U.S.**      **33484**      **U.S.**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**65-1078593**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MAYA, JOSE**  
**5345 Redondo Way**  
**Delray Beach, Fl. 33484**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAYA, JOSE	
STREET ADDRESS	5345 Redondo Way	
CITY-ST-ZIP	Delray Beach, Fl. 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAYA, ROSSANA	
STREET ADDRESS	5345 Redondo Way	
CITY-ST-ZIP	Delray Beach, Fl. 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	New (ADDRESS)	
STREET ADDRESS	5345 Redondo Way	
CITY-ST-ZIP	Delray Beach, Fl. 33484	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5345 Redondo Way	
CITY-ST-ZIP	Delray Beach, Fl. 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_      2/10/04      (561) 381-3018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 \_\_\_\_\_      (305) 804-3461