

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000009964**

1. Entity Name  
**THE BLIND & SHUTTER STORE, INC.**



Principal Place of Business  
**2635 DUNWOODIE PL  
HOMESTEAD, FL 33035**

Mailing Address  
**2635 DUNWOODIE PL  
HOMESTEAD, FL 33035**



04072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1072255</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARAY, MARIA  
2635 DUNWOODIE PL  
HOMESTEAD, FL 33035**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PVSD
NAME	GARAY, MARIA M
STREET ADDRESS	2635 DUNWOODIE PL
CITY-ST-ZIP	HOMESTEAD, FL 33035

TITLE	V
NAME	GARAY, JUAN CARLOS
STREET ADDRESS	2635 DUNWOODIE PL
CITY-ST-ZIP	HOMESTEAD, FL 33035

TITLE	
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04/26/06-80092-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/08/2006**

Date Daytime Phone #