

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90278 041 ***150.00

DOCUMENT # P01000019159

1. Entity Name
ENVISIONS INTERIORS, INC.



Principal Place of Business
**16320 SW 89TH PLACE
MIAMI, FL 33157**

Mailing Address
**1111 BRICKELL AVENUE
11 FLOOR
MIAMI, FL 33131**

54043810



2. Principal Place of Business

3. Mailing Address

16320 S.W. 89TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State

City & State
MIAMI, FLORIDA

4. FEI Number
52-2370340

Applied For
Not Applicable

Zip

Country

Zip

Country

33157

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUIAR, O ARTURO
16320 SW 89 PL
MIAMI, FL 33167**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AGUIAR, O ARTURO
16320 SW 89 PL
MIAMI, FL 33167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OREYZI, BABAK
125 EDGEWATER DR, #9
MIAMI, FL 33133** ☐ Delete

TITLE
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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: **X** *O. Arturo Aguiar* **X** **4-26-2004** **305-790-7273**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #