2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000037527

1. Entity Name
PINES VERTICAL BLINDS & INTERIORS, INC.

Principal Place of Business
6326 PEMBROKE ROAD
MIRAMAR, FL 33025

Mailing Address
6326 PEMBROKE ROAD
MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

04082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1115208	Not Applicable

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

6. Name and Address of Current Registered Agent

TUTT, EDWINA
7931 N W 16TH STREET
PEMBROKE PINES, FL 33024

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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 Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	TUTT, EDWINA
STREET ADDRESS	7931 N W 16TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000893222
04/23/08-80098-015 150.00

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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: X_____   4/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #