

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051527

FILED
Jul 20, 2009
Secretary of State

Entity Name: KASSANDRA INTERIOR, INC.

Current Principal Place of Business:

6209 NW GISELA ST.
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

6209 NW GISELA ST.
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

6209 NW GISELA ST.
PORT SAINT LUCIE, FL 34986

New Mailing Address:

6209 NW GISELA ST.
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-1107090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACCOUNTANT, BRYANT
847 NW 119 STE 205
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

JACKSON HEWITT TAX SERVICE
1675 ST LUCIE WEST BLVD
PORT ST LUCIE, FL 34986 US

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.

SIGNATURE: SHERI SAUNDERS

07/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSE, PAULETTE
Address: 19622 NE 1ST AVE
City-St-Zip: MIAMI, FL 33179

Title: VD (X) Delete
Name: ROSE, KENNETH
Address: 19622 NE 1 ST AVE
City-St-Zip: MIAMI, FL 33179

Title: S (X) Delete
Name: CARWELL, KIM
Address: 19627 1ST AVE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: ROSE, PAULETTE
Address: PO BOX 880651
City-St-Zip: PORT ST LUCIE, FL 34988 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULETTE ROSE

P

07/20/2009

Electronic Signature of Signing Officer or Director

Date