

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90245 027 \*\*\*150.00

**60002574**



<b>DOCUMENT # P01000080470</b>			
<b>1. Entity Name</b> UNIVERSAL CV BLINDS, INC.			
<b>Principal Place of Business</b> 6965 NW 173 DR, UNIT 1906 HIALEAH, FL 33015		<b>Mailing Address</b> 6965 NW 173 DR, UNIT 1906 HIALEAH, FL 33015	
<b>2. Principal Place of Business</b> 8245 NW 6 TENACE Suite, Apt. #, etc. #210		<b>3. Mailing Address</b> 8245 NW 6 TENACE Suite, Apt. #, etc. #210	
City & State MIAMI FLORIDA Zip 33126		City & State MIAMI, FLORIDA Zip 33126	
Country DADE		Country DADE	
<b>4. FEI Number</b> 65-1131954		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> VALLADARES, CARLOS 6965 NW 173 DR, UNIT 1906 HIALEAH, FL 33015		<b>7. Name and Address of New Registered Agent</b> Name: CARLOS VALLADARES Street Address (P.O. Box Number is Not Acceptable) 8245 NW 6 TENACE #210 City: MIAMI FL Zip Code: 33126	
<b>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.</b> SIGNATURE:  CARLOS VALLADARES 1/12/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VALLADARES, CARLOS 6965 NW 173 DR, UNIT 1906 HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VALLADARES, CARLOS 8245 NW 6 TENACE #210 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINTANNILLA, JORGEA 6965 NW 173 DR, UNIT 1906 HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<b>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.</b>			
<b>SIGNATURE:</b> CARLOS VALLADARES 1/12/2006 305-773-2248 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		[Empty]	