

2005 FOR PROFIT CORPORATION ANNUAL REPORT

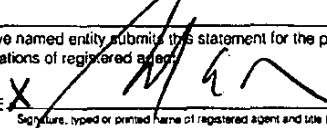
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\$150.00 paid on web



DOCUMENT # P01000101154					
1. Entity Name ULTIMATE TRIM & TEXTILES, INC.					
Principal Place of Business 5590 N.W. 163RD ST. MIAMI, FL 33014			Mailing Address 5590 N.W. 163RD ST. MIAMI, FL 33014		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1149760	
				Applied For ☐ Not Applicable	
				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		
Richard A. Berkowitz One S.E. 13rd Ave, 15th Floor Miami, FL 33131 Coral Gables, FL 33133			Name MICHAEL A. RUBIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 420 So. Dixie Highway Suite #4B City Coral Gables FL Zip Code 33146		
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 			-Michael A. Rubin		2/14/05
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reappointing)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD NOVICK, LORI L 5590 N.W. 163RD ST. HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: 			-Lori L. Novick		2/17/05 (305)685-9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #