2004 FOR PROFIT CORPORATION ANNUAL REPORT

- FILED Apr 02; 2004 08:00 AM Secretary of State **DOCUMENT # P01000111847** 1. Entity Name DETAIL & MORE INTERIORS, INC. Principal Place of Business Mailing Address 3389 SHERIDAN STREET #196 3389 SHERIDAN STREET #196 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 %F,-,,,---403F& No Chg-P CR2E034 (10/03) 01262004 DO NOT WRITE IN THIS SPACE 4. FEI Number 01-0568461 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORCZAK, MARIE DO NOT WRITE 8108 SW 103 AVE MIAMI, FL 33173 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered apont and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE Ω LEMONIOUS, KATRINA MALKE STREET ADDRESS 3389 SHERIDAN STREET #196 HOLLYWOOD, FL 33021 CRY-ST-ZIP Handida Haran TEELE 04/02/04-80006 001 150.00 NAME STREET ADDRESS CXTY-SX-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE SILE NAME STREET ADDRESS. CITY-ST-ZIP 3 (7) NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 charged, or on an attachment with all other like empowered.

SIGNATURE: _

BUE NAME STREET ADDRESS CITY-ST-ZIP

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