

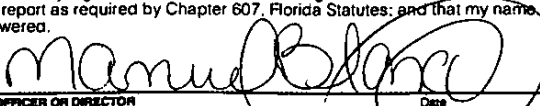


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90351 021 ***150.00

DOCUMENT # P01000113472 1. Entity Name A.A.BLINDS CORP.					
Principal Place of Business 18620 NW 47 CT CAROL CITY, FL 33055			Mailing Address 18620 NW 47 CT CAROL CITY, FL 33055		
2. Principal Place of Business 3881 NW 135 ST		3. Mailing Address 3881 NW 135 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OPA-LOCKA FL		City & State OPA-LOCKA FL			
Zip 33054		Country U.S.A		4. FEI Number 65-1158465	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent RAMIREZ, MAYELIN (DELETED) 18620 NW 47 CT CAROL CITY, FL 33055		7. Name and Address of New Registered Agent Name MANUEL BLANCO Street Address (P.O. Box Number is Not Acceptable) 3881 NW 135 ST City OPA-LOCKA FL Zip Code 33054	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD RAMIREZ, MAYELIN 18620 NW 47 CT CAROL CITY, FL 33055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D MANUEL BLANCO 3881 NW 135 ST OPA-LOCKA FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: MANUEL BLANCO, PRESIDENT  (305)					

4-27-05 687-6002