


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000006348	
1. Entity Name MONIQUE'S INTERIORS & DESIGNS INC.	

Principal Place of Business 13350 N.W. 1ST COURT MIAMI, FL 33168	Mailing Address 13350 N.W. 1ST COURT MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JEFFORD, EMRY C 13350 N.W. 1ST COURT MIAMI, FL 33168	DO NOT WRITE IN THIS SPACE
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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 *Emry C Jefford* DATE 03/14/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFORD, EMRY C 13350 N.W. 1ST COURT MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEFFORD, MARITZA A 13350 N.W. 1ST COURT MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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03/17/05-80019-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Maritza A Jefford* DATE 03/14/05 (305) 688-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone if