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Secretary of State
04-21-2003 90403 014 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020961

1. Entity Name
DZROMAN BLINDS, INC.

Principal Place of Business	Mailing Address
11110 W. OAKLAND PARK BLVD. #319 SUNRISE FL 33351	11110 W. OAKLAND PARK BLVD. #319 SUNRISE FL 33351

DZROMAN BLINDS. INC.

2. Principal Place of Business	3. Mailing Address
	DZROMAN BLINDS INC.
Suite, Apt. #, etc. 11110 W. OAKLAND PARK BLVD #319	Suite, Apt. #, etc. 11110 W. OAKLAND PARK BLVD #319
City & State SUNRISE FL	City & State SUNRISE FL
Zip 33351 Country	Zip 33351 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3612678 ☐ 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
SZCZEPKOWSKI, DORIS 11110 W. OAKLAND PARK BLVD. #319 SUNRISE FL 33351	Name SZCZEPKOWSKI DORIS Street Address (P.O. Box Number is Not Acceptable) 11110 W. OAKLAND PARK BLVD. #319 City SUNRISE FL Zip Code 33351

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	☐ Delete	TITLE President NAME Roman Dzialowski STREET ADDRESS 2871 Somerset Dr. #312 CITY-ST-ZIP Ft. Lauderdale, FL. 33311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Vice-President NAME Roman Dzialowski STREET ADDRESS 2871 Somerset Dr. # 312 CITY-ST-ZIP Ft. Lauderdale, FL. 33311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: ROMAN DZIALOWSKI 4-16-03 (954) 4852214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #