2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # P0200024663 1. Entity Name ELLEN JOY INTERIORS, INC.						04-19-2004 90336 003 *****130.00					
Principal Place of Business 3890 N. 40TH AVE. HOLLYWOOD, FL 33021 US Mailing Address 3890 N. 40TH AVE. HOLLYWOOD, FL 33021					US			65	tuzi#~~	ů.	
2. Principal Place of Business			3. Mailing Ad	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			03102004	Chg-P	CR2E034 (10/	03)		
City & State		City & Stat	City & State					Applied Not Ap	d For plicable		
Zip Country		Zip	Country			5. Certificate of		Fee Red	Addition juired	al	
	6. Name a	and Address of Curre	nt Registered Age	ent			7. Name and A	ddress of New R	egistered Agent		
LASKO E	LIEN				Name						
LASKO, ELLEN 4100 NORTH 43RD AVENUE HOLLYWOOD, FL 33021					Street A	Address (F	P.O. Box Number	is Not Acceptable)		
					City	 			FL Zip	Code	
	named entity tions of registe	submits this statement red agent.	for the purpose of	changing its re	gistered office o	r register	ed agent, or both,	in the State of Flo	rida. Tam familiar i	vith, and	accept
SIGNATURE_											_
	Signature, typed or	r printed name of registered ag-	ent and title if applicable.	(NOTE: R	egistered Agent signa	beriuper eruf.	when reinstating)		DATE		
FIL	E NOW!!!	FEE IS \$150.00 Fee will be \$550	9. Ele	tion Campaign	Financing	\$5.	00 May Be ed to Fees		DATE		
FIL	E NOW!!!	FEE IS \$150.00 Fee will be \$55	9. Ele	ction Campaign	Financing	\$5.	00 May Be ed to Fees	HANGES TO OFF	DATE	ORS IN	11
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04