

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90030 047 ***150.00

DOCUMENT # P02000072050

1. Entity Name

KRISARTT HOME ACCESSORIES, INC.



Principal Place of Business

8180 N.W. 36 STREET
SUITE 230
MIAMI FL 33166

Mailing Address

8180 N.W. 36 STREET
SUITE 230
MIAMI FL 33166

54020507



MOORE CR2E034 (11/03)

2. Principal Place of Business

4640 S.W. 13 ST.

Suite, Apt. #, etc.

3. Mailing Address

4640 S.W. 13 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

90-0070097 APPLIED FOR

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO S
8180 N.W. 36 STREET
SUITE 230
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: FLORIDA CORPORATE REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 8180 N.W. 36 ST.
SUITE 230
City: MIAMI FL Zip Code: 33166

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

Eduardo S. Gonzalez Director (Florida Corporate Registered Agents, Inc.)

3-10-04

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, 2004 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

TITLE: PVST ☒ Delete
NAME: MAYER, MARIA C
STREET ADDRESS: 8180 N.W. 36 STREET #230
CITY-ST-ZIP: MIAMI FL 33166

TITLE: D ☒ Delete
NAME: MAYER, MARIA C
STREET ADDRESS: 8180 N.W. 36 STREET #230
CITY-ST-ZIP: MIAMI FL 33166

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D, P.V., S.T. ☒ Change ☐ Addition
NAME: MAYER, MARIA C.
STREET ADDRESS: 4640 S.W. 13 ST.
CITY-ST-ZIP: MIAMI, FL 33134

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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)(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #