2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000094613

HIALEAH, FL 33016

HIALEAH, FL 33016

PORRECA, FERNANDO

7360 W 20TH. AVE BAY #121

(X) Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Jun 03, 2005 Secretary of State

				,	
Entity Na	me: FAMILY	BLINDS, CORP.			
Current Principal Place of Business:			New Principal Place of Business:		
	OTH AVE BAY FL 33016	′ #121			
Current Mailing Address:			New Mailing Address:		
	OTH AVE BAY FL 33016	′ #121			
FEI Number	: 22-3869636	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
7360 W 20	LUZ MARINA)TH AVE BAY FL 33016				
	e named entity e of Florida.	γ submits this statement for the \wp	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GARCIA, LUZ	I AVE BAY #121	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	RUTA, RAFAÈ	X) Delete EL I. AVE BAY #121	Title: Name: Address:	() Change () Addition	

City-St-Zip:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ MARINA GARCIA DP 06/03/2005

() Change () Addition