

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90230 003 \*\*\*150.00

**DOCUMENT # P03000005599**

1. Entity Name  
A BEAUTIFUL WINDOW TREATMENT, CORP.



Principal Place of Business  
7004 NW 81 PLACE  
TAMARAC, FL 33321

Mailing Address  
7004 NW 81 PLACE  
TAMARAC, FL 33321



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1992542

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TORRE, EVANGELINA  
7004 NW 81 PLACE  
TAMARAC, FL 33321

**DO NOT WRITE  
IN THIS SPACE**

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 Evangelina Torre

Signature, typed or printed name of registered agent and title if applicable.

Evangelina Torre

(NOTE: Registered Agent Signature required when reinstating)

04/18/05

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TORRE, EVANGELINA PD  
STREET ADDRESS 7004 NW 81ST PLACE  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

Evangelina Torre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evangelina Torre

Date

04/18/05

(954) 917-5965

Daytime Phone #