


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-30-2004 90233 014 ***150.00

DOCUMENT # P03000018867 1. Entity Name ARTIZAN WOOD DRAPERY HARDWARE, INC.																													
Principal Place of Business 2121 NW 84 WAY SUNRISE, FL 33322			Mailing Address 2121 NW 84 WAY SUNRISE, FL 33322 <div style="text-align: center; margin-top: 5px;">N.W.</div>																										
2. Principal Place of Business 10022 SW 46TH STREET Suite, Apt. #, etc. N.W.		3. Mailing Address 10022 SW 46TH STREET Suite, Apt. #, etc.																											
City & State SUNRISE - FL Zip 33351 Country US		City & State SUNRISE - FLORIDA Zip 33351 Country US		4. FEI Number 56-2316095 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent QUINN, SUSAN 2121 NW 84 WAY SUNRISE, FL 33322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10022 SW 46TH STREET <div style="text-align: center; margin-top: 5px;">N.W.</div> 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 <u><i>X Susan A Quinn</i></u> DATE <u>4-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">PST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>QUINN, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2121 NW 84 WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33322</td> <td></td> </tr> </table>			TITLE	PST	<input type="checkbox"/> Delete	NAME	QUINN, SUSAN		STREET ADDRESS	2121 NW 84 WAY		CITY-ST-ZIP	SUNRISE, FL 33322		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">N.W.</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10022 SW 46TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE - FL 33351</td> <td></td> </tr> </table>			TITLE	N.W.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	10022 SW 46TH STREET		CITY-ST-ZIP	SUNRISE - FL 33351	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>X Susan A Quinn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-26-04</u> Daytime Phone # <u>954-779-6500</u>																										