


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90149 024 ***150.00

DOCUMENT # P03000018867	
1. Entity Name ARTIZAN WOOD DRAPERY HARDWARE, INC.	

Principal Place of Business 10022 NW 46TH STREET FORT LAUDERDALE FL 33351	Mailing Address 10022 NW 46TH STREET FORT LAUDERDALE FL 33351
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2. Principal Place of Business 2121 N.W. 84 th WAY Suite, Apt. #, etc.	3. Mailing Address 2121 N.W. 84 th WAY Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State Sunrise, FL	City & State Sunrise FL
Zip 33322	Country BROWARD
Zip 33322	Country BROWARD

4. FEI Number 56-2316695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINN, SUSAN 10022 NW 46TH STREET FORT LAUDERDALE FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Susan A Quinn SUSAN A Quinn 4/7/05
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST QUINN, SUSAN 10022 NW 46TH STREET FORT LAUDERDALE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Quinn 2121 N.W. 84 th WAY Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Susan A Quinn SUSAN A Quinn 4/7/05 954-749-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #