2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000022153

1. Entity Name

P.M. UNLIMITED INTERIORS, INC.

Principal Place of Business	Mailing Address
1150 N.W. 101ST STREET PLANTATION FL 33322	1150 N.W. 101 AVENUE PLANTATION FL 33322

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 14-1876438 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, MOSHE 1150 NW 101 AVENUE PLANTATION FL 33322	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, PNINA		NAME	
STREET ADDRESS	1150 N.W. 101 AVENUE		STREET ADDRESS	U00000950777 06/04/08-80005-018 150.00
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, MOSHE		NAME	
STREET ADDRESS	1150 N.W. 101ST STREET		STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

Please note:
Check came back
after 10 days
please except this check
Thank You

12. ...ions contained in Section 119, Florida Statutes. I further certify that the information ...hall have the same legal effect as if made under oath; that I am an officer or director ...by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: _____ 4-26-08 (954) 868 8179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #