2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State

04-26-2004 91282 031 ***150.00

66428043

MOORE CR2E034 (11/03)

DOCUMENT # P03000025795

1. Entity Name

EUROPEAN DRAPES, INC.

Principal Place of Business	Mailing Address
219 CYPRESS TRACE ROYAL PALM BEACH FL 33411	219 CYPRESS TRACE ROYAL PALM BEACH FL 33411

2. Principal Place of Business	3. Mailing Address
219 CYPRESS TR.	219 CYPRESS TR.
Suite, Apt. #, etc. RO	Suite, Apt. #, etc. RO
City & State ROYAL PALM BCH FL	City & State ROYAL PALM BCH
Zip 33411 Country PALM BCH	Zip 33411 Country PALM BCH

4. FEI Number 02-0680777 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWIDERSKA, MALGORZATA
219 CYPRESS TRACE
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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 [signature] 4-15-04

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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-15-04 (561) 204-1908

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

Attachment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000025795

1. Entity Name

EUROPEAN DRAPES INC.

[redacted]

Attachment

[redacted]

DO NOT WRITE IN THIS SPACE

064280K3
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
219 CYPRESS TR	219 CYPRESS TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH	City & State: ROYAL PALM BCH FL
Zip: FL33411 Country: PALM BCH	Zip: 33411 Country: PALM BCH

4. FEI Number: 02-0680777 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SWIDERSKA MALGORZATA

Street Address (P.O. Box Number is Not Acceptable): 219 CYPRESS TRACE

City: ROYAL PALM BEACH FL Zip Code: 33411

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: Malgorzata Swiderska 4-15-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1, May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE: OWNER - DIRECTOR NAME: MALGORZATA SWIDERSKA STREET ADDRESS: 219 CYPRESS TR. CITY-ST-ZIP: ROYAL PALM BEACH FL33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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SIGNATURE: Malgorzata Swiderska 4-15-04 (561) 204-1908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #