2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

03-12-2004 90017 025 ***163.75

DOCUMENT # P03000045201

1. Entity Name
ARTISTIC DECORATOR UPHOLSTERY INC

Principal Place of Business	Mailing Address
~~4461 NW 37 AVE MIAMI, FL 33142~~	~~4461 NW 37 AVE MIAMI, FL 33142~~

66419425

02252004 — Chg-P — CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1065 W 13 St	1065 W 13 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fla	City & State: Hialeah Fla
Zip: 33010 Country:	Zip: 33010 Country:

4. FEI Number: 57-1162976 — 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
DURAN, CARLOS M SR 4461 NW 37 AVE MIAMI, FL 33142	Name: 1065 W 13 St Artistic Street Address (P.O. Box Number is Not Acceptable): Decorator upholstery City: Hialeah Fla FL Zip Code: 33010

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: Carlos M. Duran — DATE: 3-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DURAN, CARLOS M SR		NAME	
STREET ADDRESS	4461 NW 37 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DURAN, NORIS		NAME	
STREET ADDRESS	4461 NW 37 AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Carlos M Duran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #