

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000047862**

1. Entity Name

CUSTOM INTERIORS OF LAS OLAS, INC.



Principal Place of Business

2400 EAST LAS OLAS BLVD #311  
FT LAUDERDALE, FL 33301

Mailing Address

2400 EAST LAS OLAS BLVD #311  
FT LAUDERDALE, FL 33301



05152006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

51-0463974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENTE, LANCE  
2400 EAST LAS OLAS BLVD #311  
FT LAUDERDALE, FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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, 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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MENTE, LANCE  
STREET ADDRESS 2400 EAST LAS OLAS BLVD #311  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000565182  
05/20/06-80116-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.15.06

Date

Daytime Phone #