

FILED

May 03, 2006 8:00 am  
Secretary of State

05-03-2006 90253 031 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P03000070024
1. Entity Name	
BROADWAY BLINDS INC.	

**DO NOT WRITE IN THIS SPACE**

60035631

2. Principal Place of Business	3. Mailing Address
8360 WEST FLAGLER STREET, SUITE 206	8360 WEST FLAGLER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
206	206

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
MIAMI, FL	MIAMI, FLORIDA	65-1194987	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33144	US	<input type="checkbox"/>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
ZALDUA, MICHAEL	
Street Address (P.O. Box Number is Not Acceptable)	
8360 W FLAGLER STREET	
SUITE 206	
City	Zip Code
MIAMI	FL 33144

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 reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	PD	TITLE	
NAME	ZALDUA, MICHAEL	NAME	
STREET ADDRESS	8360 WEST FLAGLER STREET #206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Zaldúa MICHAEL ZALDUA 4/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #