2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000108536

1. Entity Name
HYACINTH CUSTOM BED-SPREAD, INC

Principal Place of Business	Mailing Address
3732 NW 2ND ST	3732 NW 2ND ST
FT LAUDERDALE, FL 33311	FT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

04032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
26-0067693	Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, HYACINTH
3741 NW 2ND ST
FT LAUDERDALE, FL 33311

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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 _Hyacinth Barnes_   _4/4/08_

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000008884070
04/17/08-80029-005 158.75

10.	OFFICERS AND DIRECTORS			
TITLE	D			
NAME	BARNES, HYACINTH			
STREET ADDRESS	3741 NW 2ND ST			
CITY-ST-ZIP	FT LAUDERDALE, FL 33311			
TITLE	O			
NAME	BARNES, HYAUINTH			
STREET ADDRESS	3742 NW 2ND ST			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			
TITLE				
NAME				
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NAME				
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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 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: _Hyacinth Barnes_   _4/4/08_

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