## P03000124638

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: CUSTOM WHOLESALE BLINDS, IN	C.
DOC	UMENT NUMBER: P03000124638	
The e	nclosed Articles of Correction and fee are s	ubmitted for filing.
Please	e return all correspondence concerning this	matter to the following:
	MICHELE ISSA (Name of	Person)
	CUSTOM WHOLESALE BLINDS, INC (Name of Fin	n/Company)
318 11	NDIAN TRACE # 635 (Add	ress)
	WESTON, FL. 33326 (City/State ar	id Zip Code)
For fi	urther information concerning this matter, p	lease call:
JAY S	SHAPIRO at (	954 ) 385-6616 (Area Code & Daytime Telephone Number)
Enclo	osed is a check for the following amount:	
	<b>🗹</b> \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
	□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF CORRECTION

for

CUSTOM WHOLESALE BLINDS, INC		
Name of Corporation as currently filed with the Florida Dept. of State		
P03000124638		
Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statut these Articles of Correction within 30 days of the file date of the document	es, this corporation for the being corrected.	files
These Articles of Correction correct ARTICLES OF INCORPORATION (Document Type)	•	
filed with the Department of State on 11/09/03 (File Date of Document)	<u> </u>	
Specify the inaccuracy, incorrect statement, or defect:		
The principal place of business of this corporation and the mailing address	were filed with the	
wrong address. The principal place of business was stated as 5300 NW 167	th Street, Hialeah, I	FL.
33014.	TAL	8
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		on [
	<u></u>	<u> </u>
Correct the inaccuracy, incorrect statement, or defect:	STATE	ნ
Principal place of business: 1625 N. Commerce Pkwy, Suite 225, Weston, 1	FL. 33326	·
Mailing Address: 318 Indian Trace, Suite 635, Weston, FL. 33326		
	· •	
	***	
	<del></del>	
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, other court appointed fiduciary, by that fiduciary.)	e e, or	
Michelle Issa Presid		
(Timed or printed name of person stanting)	Title of nerson eleminal	

Filing Fee: \$35.00