


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90036 026 ***150.00

DOCUMENT # P03000124898 1. Entity Name INTERIORS BY JANET M. RUFFOLO, INC.																													
Principal Place of Business 2831 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064				Mailing Address 2831 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064																									
2. Principal Place of Business Suite, Apt. #, etc. 1819 NE 24 Street City & State Lighthouse Point FL Zip 33064 Country US				3. Mailing Address Suite, Apt. #, etc. 1819 NE 24 Street City & State Lighthouse Point FL Zip 33064 Country US																									
4. FEI Number 56-2415981				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent RUFFOLO-KAMINSKI, JANET 2831 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name Interiors By Janet M Ruffolo Street Address (P.O. Box Number is Not Acceptable) 1819 NE 24 Street City LHP FL Zip Code 33064																										
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 <u><i>Janet M Ruffolo</i></u> DATE <u>2/13/06</u> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUFFOLO-KAMINSKI, JANET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2831 NE 20TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIGHTHOUSE POINT, FL 33064</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Interiors By Janet M Ruffolo</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1819 NE 24 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LHP FL 33064</td> <td></td> </tr> </table> </div> </div>						TITLE	PTS	<input type="checkbox"/> Delete	NAME	RUFFOLO-KAMINSKI, JANET		STREET ADDRESS	2831 NE 20TH AVENUE		CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Interiors By Janet M Ruffolo		STREET ADDRESS	1819 NE 24 ST		CITY-ST-ZIP	LHP FL 33064	
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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: *Janet M Ruffolo* 2/13/06 305-526-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #