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Secretary of State

02-16-2005 90020 045 ***150.00

2005 FOR-PROFIT-CORPORATION ANNUAL REPORT

DOCUMENT # P04000049021

1. Entity Name
INTERIAN UPHOLSTERY & DESIGNS, INC.

66007490

Principal Place of Business	Mailing Address
1066 NE 43RD STREET OAKLAND PARK, FL 33334	1066 NE 43RD STREET OAKLAND PARK, FL 33334

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 200889102 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOFIL INVESTMENTS, INC.
5544 NW 23RD AVENUE
HANGAR 15
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name: Corbary Interian
Street Address (P.O. Box Number is Not Acceptable): 1066 NE 43rd Street
City: Oakland Park FL Zip Code 33334

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] Mabel Interian. Vice President. [signature] Corbary Interian (President) 2/8/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	INTERIAN, CORBARY	
STREET ADDRESS	1066 NE 43RD STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE	V	☐ Delete
NAME	INTERIAN, MABEL	
STREET ADDRESS	1066 NE 43RD STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]. Mabel Interian Vice President 2/8/05 (954) 564-3180 office
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #