B Roberts

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 4 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000052413

1. Entity Name
METROPOLITAN BLINDS & SHADES INC.

Principal Place of Business	Mailing Address
15141 SW 42ND TERR MIAMI, FL 33185	15141 SW 42ND TERR MIAMI, FL 33185

05022005 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 — [X] Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, WANDA 3483 CHASE AVENUE MIAMI BEACH, FL 33140	Name: Mitchell S. Polansky Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Drive, #703 City: Miami FL Zip Code: 33133

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: Mitchell S. Polansky 5/2/05
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 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b) F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, WANDA 3483 CHASE AVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Wanda Bennett 5/2/05 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #