

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055795

FILED
Jul 11, 2005
Secretary of State

Entity Name: CUSTOM DRAPES & WINDOW TREATMENTS, INC.

Current Principal Place of Business:

5517 PACIFIC BLVD
4413
BOCA RATON, FL 33433

New Principal Place of Business:

8442 BONITA ISLES
LAKEWORTH, FL 33467

Current Mailing Address:

5517 PACIFIC BLVD
4413
BOCA RATON, FL 33433

New Mailing Address:

8442 BONITA ISLES
LAKEWORTH, FL 33467

FEI Number: 02-1028074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCUR, GLORIA
5517 PACIFIC BLVD
4413
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

BETANCUR, GUSTAVO
8442 BONITA ISLES
LAKEWORTH, FL 33467 US

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.

SIGNATURE: GUSTAVO BENTANCUR

07/11/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BETANCUR, GUSTAVO
Address: 5517 PACIFIC BLVD
City-St-Zip: BOCA RATON, FL 33433

Title: VP (X) Delete
Name: BETANCUR, GLORIA
Address: 5517 PACIFIC BLVD
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BETANCUR, GUSTAVO
Address: 8442 BONITA ISLES
City-St-Zip: LAKEWORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO BENTANCUR

P

07/11/2005

Electronic Signature of Signing Officer or Director

Date