2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 16, 2005 8:00 am Secretary of State DOCUMENT # P04000070650 1. Entity Name 08-16-2005 90040 002 ***158.75 GRD INTERIORS, INC. Mailing Address Principal Place of Business 5432 ADAMS ROAD 5432 ADAMS ROAD 20021900 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 3. Mailing Address 2. Principal Place of Business 030 630 West Suite, Apt. #, etc. Suite, Apt. #, etc. 08072005 Chg-P CR2E034 (10/03) DELRAY DELRAY Applied For 4. FEI Number City & State City & State <u> 20-2330889</u> 104194 Not Applicable -lorida Zip Country Country \$8.75 Additional Palm BEACH 5. Certificate of Status Desired 33445 33445 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARYOUSH, GHOLAM R Street Address (P.O. Box Number is Not Acceptable) 5432 ADAMS ROAD DELRAY BEACH, FL 33484 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. П Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete Change Addition TITLE TITLE DARYOUSH, GHOLAM R NAME NAME 5432 ADAMS ROAD STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP CITY-ST-7IP ☐ Delete `☐ Change ☐ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE [']□ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered. SIGNATURE: X NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

FILED