

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90012 005 \*\*\*150.00

<b>DOCUMENT # P04000104921</b> 1. Entity Name <b>PARADISE BLINDS OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>2419 SIWARD AVE ORLANDO, FL 32828</b>			Mailing Address <b>2419 SIWARD AVE ORLANDO, FL 32828</b>		
2. Principal Place of Business <b>14056 Bradbury Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>14056 Bradbury Rd</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>20-1307081</b>	
Zip <b>32828</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANTOS, YORELIS 2419 SIWARD AVE ORLANDO, FL 32828</b>			7. Name and Address of New Registered Agent Name <b>Ana Lopera</b> Street Address (P.O. Box Number is Not Acceptable) <b>14056 Bradbury Rd.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32828</b>		
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>Ana C. Lopera</i></u> <b>Ana C. Lopera</b> <span style="float: right;">01-04-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOPERA, GABRIEL</b> <b>14056 BRADBURY RD</b> <b>ORLANDO, FL 32828</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTOS, EDUARDO</b> <b>2419 SIWARD AVE</b> <b>ORLANDO, FL 32828</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOPERA, ANA C</b> <b>14056 BRADBURY RD</b> <b>ORLANDO, FL 32828</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTOS, YORELIS L</b> <b>2419 SIWARD AVE</b> <b>ORLANDO, FL 32828</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Gabriel Lopera</i></u> <b>Gabriel Lopera</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/4/05</b> Daytime Phone # <b>407 766 5519</b>		