


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90048 022 ***150.00

DOCUMENT # P04000126422
 1. Entity Name
 SOLUTION VERTICAL BLINDS, INC.



Principal Place of Business Mailing Address
 811 EASTWARD DR. 811 EASTWARD DR.
 MIAMI SPRINGS, FL 33166 US MIAMI SPRINGS, FL 33166 US

40006553



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 20-1619244 Not Applicable

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

6. Name and Address of Current Registered Agent
 VILLAVICENCIO, JORGE
 403 SWALLOW DRIVE
 STE. 205
 MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent
 Name: VILLAVICENCIO, JORGE
 Street Address (P.O. Box Number is Not Acceptable): 811 EASTWARD DR.
 City: MIAMI SPRINGS FL Zip Code: 33166

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: *Jorge J. Villavicencio* Agent Registered 1-14/2008
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when transferring) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VILLAVICENCIO, JORGE	
STREET ADDRESS	811 EASTWARD DR.	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE	T	<input type="checkbox"/> Delete
NAME	VILLAVICENCIO, ANNA JORGEVNA	
STREET ADDRESS	811 EASTWARD DR.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAVICENCIO, JORGE	
STREET ADDRESS	811 EASTWARD DR.	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLAVICENCIO, TATIANA	
STREET ADDRESS	811 EASTWARD DR.	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jorge J. Villavicencio* VICEPRESIDENT 1-14-08 305-342-8143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Dorsing Print #