


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90375 002 ***150.00

DOCUMENT # P04000145929	
1. Entity Name 212 BLINDS DESIGNERS INC	

Principal Place of Business 15751 SHERIDIAN ST SUITE 218 DAVIE, FL 33331	Mailing Address 15751 SHERIDIAN ST SUITE 218 DAVIE, FL 33331
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2. Principal Place of Business 13506 SUMMERPORT VILLAGE Suite, Apt. #, etc. # 242 City & State WINDERMERE FL Zip 34786 Country USA	3. Mailing Address 13506 SUMMERPORT VILLAGE Suite, Apt. #, etc. # 242 City & State WINDERMERE FL Zip 34786 Country USA
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04272008 Chg-P CR2E034 (11/05)

4. FEI Number 30-0279265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OCARIZ, JORGE O 15751 SHERIDIAN ST SUITE 218 DAVIE, FL 33331

7. Name and Address of New Registered Agent Name OCARIZ, JORGE O Street Address (P.O. Box Number is Not Acceptable) 13506 SUMMERPORT VILLAGE # 242 City WINDERMERE FL Zip Code 34786

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 _____ DATE 04-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OCARIZ, JORGE O 12532 LANGSTAFF DR WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OCARIZ, JORGE O 13506 SUMMERPORT VILLAGE #242 WINDERMERE FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE 04-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR