

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90018 040 \*\*\*158.75

DOCUMENT # P04000171378

1. Entity Name

MIRAGE BLINDS & DESIGNS, INC.



Principal Place of Business

1405 N CONGRESS AVE STE 13  
DELRAY BEACH FL 33445

Mailing Address

1405 N CONGRESS AVE STE 13  
DELRAY BEACH FL 33445



2. Principal Place of Business - No P.O. Box #

21000 Boca Rio Rd  
Suite, Apt. #, etc. A-21-A

3. Mailing Address

21000 Boca Rio Rd  
Suite, Apt. #, etc. A-21-A

1st MOORE

CR2E034 (10/06)

City & State

BOCA RATON FL  
Zip 33433 Country

City & State

BOCA RATON FL  
Zip 33433 Country

4. FEI Number

20-1822894

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, ALANA  
1405 N CONGRESS AVE STE 13  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name LEONIE COHEN

Street Address (P.O. Box Number is Not Acceptable)

21000 Boca Rio Rd Ste A-21-A  
City BOCA RATON FL Zip Code 33433

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 Leonie Cohen ALANA COHEN 3/14/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME COHEN, ALANA  
STREET ADDRESS 1405 N CONGRESS AVE STE 13  
CITY- ST- ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LEONIE COHEN  
STREET ADDRESS 21000 Boca Rio Rd Ste A-21-A  
CITY- ST- ZIP BOCA RATON FL 33433 ☐ Change ☒ Addition

TITLE V.  
NAME ALANA COHEN  
STREET ADDRESS 21000 Boca Rio Rd Ste A-21-A  
CITY- ST- ZIP BOCA RATON FL 33433 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Leonie Cohen 3/14/07

Date

Daytime Phone #

561-239-3093