2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000070668



FILED Apr 18, 2006 8:00 am Secretary of State 04-18-2006 90067 037 ***150.00

1. Entity Name BARTOLO INTERIORS GROUP, INC.										
Principal Place of Business 19903 VILLA LANTE PLACE BOCA RATON, FL 33434			Mailing Address 19903 VILLA LANTE PLACE BOCA RATON, FL 33434			\$0025512				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292006	Chg-P	CR2E03	34 (11/05)		
City & State	e Sisse expe	City & State			4. FEI Numb	^{er} 20-285	8259		plied For t Applicable	
Zip	Country	Zip	Counti	ry	5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Curren	t Registered Agent	jistered Agent			7. Name and Address of New Registered Agent				
1	-215			Name					ŀ	
BARTOLO, THERESA 19903 VILLA LANTE PLACE BOCA RATON, FL 33434				Street Address (P.O. Box Number is Not Acceptable)						
•				City			FL	Zip Code	э	
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	Signature, typed or printed name of registered agei	nt and title if applicable (NOT	E: Registared	l Agent signature required	when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ed to Fees					
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
THLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTOLO, THERESA 19903 VILLA LANTE PLACE BOCA RATON, FL 33434	☐ Delete					· ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	☐ Delete	CITY-	ET ADDRESS ST-ZIP	Lin Chantor 11	9 Florida Statutos	I further cort	Change	Addition	

Indicated on this report or supplier with the information supplied with this lifting does not quanty for the exemptions contained in Chapter 119, Florida Statutes. Turner certify that the information indicated on this report or supplieriental 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:

561-857-0620 Daytime Phone #