

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 12 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000150921

1. Entity Name
D & R BLINDS INTERIOR HOMES CO.



Principal Place of Business
5421 E 7 AVE
HIALEAH, FL 33013

Mailing Address
5421 E 7 AVE
HIALEAH, FL 33013

2. Principal Place of Business

2371 W 80 St
Suite, Apt. #, etc.
Bay #4

3. Mailing Address

2371 W 80 St
Suite, Apt. #, etc.
Bay #4

City & State
Hialeah FL 33016

City & State
Hialeah FL

Zip
33016

Country
U.S.A

Zip
33016

Country
U.S.A

09112006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-4170950

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, RAFAEL
315 SW 67TH CT
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: RAFAEL GARCIA

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

5421 E 7 AV

City Hialeah

FL

Zip Code
33013

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 agent if not applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, RAFAEL E ☐ Delete
STREET ADDRESS 5421 E 7 AVE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE D
NAME HERNANDEZ, DELIO E ☐ Delete
STREET ADDRESS 5421 E 7 AVE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #