

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000089881

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA INTERNATIONAL BLIND FACTORY DEPOT, INC.

**Current Principal Place of Business:**

5317 SW 103 AVE  
COOPER CITY, FL 33328

**New Principal Place of Business:**

20855 NE 16 AVE  
STE C36  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

5317 SW 103 AVE  
COOPER CITY, FL 33328

**New Mailing Address:**

20855 NE 16 AVE  
STE C36  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 27-1218213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARCIA, ALINA  
5317 SW 103 AVE  
COOPER CITY, FL 33328 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARCIA, ALINA  
Address: 5317 SW 103 AVE  
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALINA GARCIA

P

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date