2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P93000084104

1. Entity Name INTERIOR SERVICES, INC. --



FILED Mar 17, 2004 08:00 AM Secretary of State

Principal Place of Business

120 NE 175 STREET

NORTH MIAMI BEACH, FL 33162 US

Mailing Address

120 NE 175 STREET

NORTH MIAMI BEACH, FL 33162

03032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0511218 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, TONY S 120 N.E. 175 STREET NORTH MIAMI BEACH, FL 33162

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	named entity submits this statement for the plants of registered agent.	urpose of changing its regi	stere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am fami	liar with, and accept
SIGNATURE						, DATE	· · · · · ·
	Signature, typed or printed name of registered agent and title it	t applicable. [NO1E, Hec	ystered	Agent signature	required when reinstating)	DATE	*****
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Slection Campaign i Trust Fund Contribut		cing 🔲	\$5.00 May Be Added to Fees	000000090528 03/17/04-80022-024	150.00
10. OFFICERS AND DIRECTORS							·
TITLE	D						
NAME	RAY, TONY S						
STREET ADDRESS	120 NE 175 STREET						
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162					= : -	
THILE		· 					
NAME							
STREET ADDRESS							
CITY -ST-ZIP							

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 attack field truth an address, with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

CRTY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SM S NAME OF SIGNING OF DIRECTOR OF DIRECT

305-651-5270 Daytma Phone #