2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 22, 2004 8:00 am Secretary of State

DOCUMENT # P95000047037 1. Entity Name HOUSE OF WALLCOVERING, INC.					07-22-2004 90002 043 ***150.00			
Principal Place of Business 4141 NE 2ND AVE 1 202 MIAMI, FL 33137 US		Mailing Address 4141 NE 2ND AVE 202 MIAMI, FL 33137 US			L LELLEL BUWL CENIK BELIK BERIK	54064 1111 1111 1111 1111		
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						
City & State			City & State		Chg-P	CR2E034 (10	0/03) Applied For	
Oily & Stati	G (City & State		4. FEI Number 65-059			Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5 Additional equired	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
-GUTIERREZ, ANGÉL 8025 NW 162ND ST. HIALEAH, FL 33016				Street Address (P.O. Box Number is Not Acceptable)				
* }			City			FL Zi	p Code	
the obligat SIGNATURE_	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$150.00 ue by September 8, 2004		registered Agent signature re	squired when reinstating) \$5.00 May Be Added to Fees	In accordance v	DATE vith s. 607.193(2 not receive the	2)(b), F.S., the prior notice.	
10.	OFFICERS AND		11.	ADDITIONS,	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLAZO, EMILIO F. 756 N.W. 134 PLACE MIAMI, FL. 33182	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP- POPPER, LUCILLE 555 N.E. 34 ST., APT #1404 MIAMI, FL ^L 33137	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST- ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<u>~~~~</u>	hange* Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		c	hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange 🔲 Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee employer or an artachment with a paddress.	is true and accurate and that my powered to execute this report as	signature shall have	e the same legal effec	ct as if made under i	oath; that I am an	officer or director	

SIGNATURE:

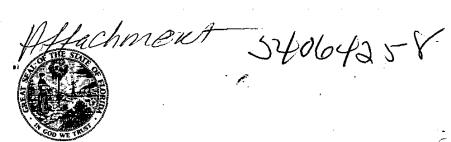
NING OFFICER OR DIRECTOR

<u>0-07</u>

Daytime Phone #

Saite 20 2 Mrsmi Fla 33 137 2004. •

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 15, 2004

HOUSE OF WALLCOVERING, INC. 4141 NE 2ND AVE 202 MIAMI, FL 33137 US

SUBJECT: HOUSE OF WALLCOVERING, INC.

Ref. Number: P95000047037

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

2 72 1

Katrina Sutphin

Letter Number: 504A00045171