


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90200 050 ***150.00

DOCUMENT # P95000058862 1. Entity Name MICHAEL'S INTERIORS/CUSTOM UPHOLSTERY, INC.	
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Principal Place of Business 9100 16 PLACE UNIT 2 VERO BEACH, FL 32966	Mailing Address 9100 16 PLACE UNIT 2 VERO BEACH, FL 32966
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0595527	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUSSANO, DIANN 9100 16 PLACE / UNIT 2 VERO BEACH, FL 32966
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**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RUSSANO, DIANN 9100 16 PLACE., UNIT 2 VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUSSANO, MICHAEL 9100 16 PLACE., UNIT 2 VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUSSANO, MICHAEL J 9100 16 PLACE., UNIT 2 VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DIANN RUSSANO Sec/Treas 4-26-04 4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #