2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 09, 2004 08:00 AM Secretary of State DOCUMENT # P96000024552-1. Entity Name KARÉN ZABROCKI INTERIORS, INC. Principal Place of Business Mailing Address 1875 JESSICA ROAD 1875 JESSICA ROAD CLEARWATER, FL 33765 CLEARWATER, FL 33765 US US 07272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3372598 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7 Fee Required 6. Name and Address of Current Registered Agent MATHIEU, JOAN DO NOT WRITE 200 NORTH GARDEN AVENUE SUITE A IN THIS SPACE CLEARWATER, FL 33755 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. U00000169687 08/09/04-80007-002 150.00 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS Ð TITLE ZABROCKI, KAREN NAME STREET ADDRESS 1875 JESSICA ROAD CLEARWATER, FL 33765 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE सराङ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP RRE NAME STREET ADDRESS

OFFICER OR DIRECTOR

Mun 3,2004

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