


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90032 041 \*\*\*150.00

<b>DOCUMENT # P97000020087</b>	
1. Entity Name <b>CUBICLE CURTAIN FACTORY, INC.</b>	

Principal Place of Business <b>2956 JOG ROAD GREENACRES, FL 33467 US</b>	Mailing Address <b>2956 JOG ROAD GREENACRES, FL 33467 US</b>
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2. Principal Place of Business <b>1300 ELIZABETH AVE.</b>	3. Mailing Address <b>1300 ELIZABETH AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State <b>W. PALM BEACH, FL</b>	City & State <b>W. PALM BEACH, FL</b>
Zip <b>33401</b>	Country <b>USA</b>
Zip <b>33401</b>	Country <b>USA</b>

4. FEI Number <b>65-0743177</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SERIO, ARTHUR F III 2956 JOG ROAD GREENACRES, FL 33467</b>	
7. Name and Address of New Registered Agent Name <b>ARTHUR F. SERIO, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 ELIZABETH AVE.</b> City <b>W. PALM BEACH</b> FL <b>33401</b>	

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 <u><i>Arthur F. Serio, Jr.</i></u> DATE <u><b>01/12/2005</b></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERIO III, ARTHUR F 602 WESTWOOD ROAD WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8506 BEACONHILL ROAD PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP SERIO, STEPHANIE S 8506 BEACONHILL ROAD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERIO, ELIZABETH A 8506 BEACONHILL ROAD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERIO, KAREN I 602 WESTWOOD ROAD WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8506 BEACONHILL ROAD PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>Arthur F. Serio, Jr.</i></u> <b>ARTHUR F. SERIO, JR.</b> <u><b>01/12/2005</b></u> <b>(561) 514-8585</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	