1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800001826

1. Corporation Name

SORAYA'S CREATIVE INTERIOR DESIGN, INC.

Prir	ncipal	Place	of	Business
312	MAIN	STRFI	=T	

DUNEDIN EL 34698

Mailing Address

312 MAIN STREET DUNEDIN EL 34698

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90037 011 ***150.00



JOINEDIT I E JIVIJ			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 01/08/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 267 SCOTLAND ST.	26 362 Scott	ArD_	59-3484588	Not Applicable		
Stiffe, Apt. #, etc.	Suite, Apt. #, etc.	مو _{قت ال} استور - .	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 Dunedin, FL.	City & State 28 Dunedin F	L.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 74698 25 U.S.Δ.	Zip Cou	U.S.A.	This corporation owes the current year Personal Property Tax.	ar Intangible □Ves □No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
GASSMAN, ALAN S ESQ.		81 Name				
1245 COURT STREET		82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 102 Clearwater FL 33756		83				
OLD WITH TE COTTO		84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Classic Annual Control of and title Control of MATE. Bo	oletared Agent signature r	Paguired when reinstation) DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D DELETE	1.1 TITLE	Ö	Change	☐ Addition			
NAME	ISEL, SORAYA	1.2 NAME	TSEL SORAYA 362 SCOTLAND STREET					
STREET ADDRESS	312 MAIN STREET	1.3 STREET ADDRESS	362 SCOTLAND STREET					
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY+ST+ZIP	Dunedin, th. 34698					
TITLE	D DELETE	2.1 TITLE	<u></u>	Change	☐ Addition			
NAME	ISEL, JEFFREY	2.2 NAME	TSEL, JEFFREY					
STREET ADORESS	312 MAIN STREET	2.3 STREET ADDRESS	ISEL, JEFFREY 362. SCOTLAND ST.					
CITY-ST-ZIP	DUNEDIN FL-34698 2	·2:4 CITY-ST-ZIP	-Dunedin : FC 34678		·			
TITLE	☐ DELETE	3.1 TITLE		Change	Addition			
NAME :		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4, CITY-ST-ZIP						
TITLE	☐ DELETE	4,1 TITLE		Change	☐ Addition			
NAME	•	4.2 NAME			ţ			
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME	•	5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME		6.2 NAME			Ì			
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP	with the table information and in the table filling door get qualify for the	6.4 CITY-ST-ZIP	(10.07(0)//) Flaid Ott		formation			

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.