## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000089984

1. Entity Name

INTERIOR FINISHES GROUP, INC.



Principal Place of Business

ICIDAL Place of Business

713 SW 12 AVE FORT LAUDERDALE, FL 33312 Mailing Address

P.O. BOX 460457

FORT LAUDERDALE, FL 33346-0457

FILED

2004 JUN -4 PM 1:49

SECRETARY OF STATE TALLAHASSEE. FLORIDA



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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0872243

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRAGER, TERRY 713 SW 12 AVE FORT LAUDERDALE, FL 33312

## 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.

10.

TITLE NAME STREET-ADORESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

Signature, typed or printed name of registered agent and tale 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.

\$5.00 May Be Added to Fees

ITILE PD PRAGER, TERRY
STREET ADDRESS
CITY-ST-ZIP FORT LAUDERDALE, FL 33312
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OFFICERS AND DIRECTORS

300037792763 06/09/04--01019--025 \*\*\$50:00

DO NOT WRITE IN THIS SPACE

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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

SIGNATURE AND TISSED OR PRINTED NAME OF SIGNING OFFICER OR GIRECTOR

6/1/04 954-46-2700