


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90104 011 \*\*\*150.00

<b>DOCUMENT # P99000011157</b>			
1. Entity Name <b>RALPH ACEVEDO INTERIORS, INC.</b>			
Principal Place of Business <b>4320 SW 131ST AVE DAVIE, FL 33330-4731</b>		Mailing Address <b>4320 SW 131ST AVE SUITE 103 DAVIE, FL 33330-4731</b>	
2. Principal Place of Business		3. Mailing Address <b>4320 SW 131 Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>DAVIE Florida</b>	
Zip	Country	Zip	Country
		<b>33330-4731</b>	<b>Florida</b>
4. FEI Number <b>65-0893764</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		Name <b>RALPH ACEVEDO</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>4320 SW 131 AVENUE</b>	
		City <b>DAVIE</b>	
		FL Zip Code <b>33330-4731</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: <i>Ralph Acevedo</i>		DATE: <b>1-18-06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACEVEDO, RALPH</b>	NAME	
STREET ADDRESS	<b>4320 SW 131ST AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 333304731</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACEVEDO, LINDA</b>	NAME	
STREET ADDRESS	<b>4320 SW 131ST AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL 333304731</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ralph Acevedo</i>		DATE: <b>1-18-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <b>954-358-2683</b>	