

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000020259

1. Entity Name
A & F INTERIOR, INC.



Principal Place of Business
 221 CAROLINA AVE
 FT. LAUDERDALE, FL 33312

Mailing Address
 221 CAROLINA AVE
 FT. LAUDERDALE, FL 33312



02282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901066	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, ALVIN
 221 CAROLINA AVE
 FT. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, ALVIN 221 CAROLINA AVE FT. LAUDERDALE, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, ROBERT 4411 NW 18 ST, A PT. M110 LAUDERHILL, FL 33313
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEAD, JASON 1980 NW 46 AVE. LAUDERHILL, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/22/04-80040-005 150.00

DO NOT WRITE IN THIS SPACE

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, 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 of an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.04 _____
Date

Daytime Phone #