

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040605

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: HOUSE OF BLINDS OF MIAMI, INC.

**Current Principal Place of Business:**

489 NE 167 ST  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

489 NE 167 ST  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-0917463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LALLI, LOURDES  
9934 COTA DEL SOL BLVD  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LALLI, LOURDES  
Address: 9934 COSTA DEL SOL BLVD  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: LALLI, ANGELO  
Address: 9934 COSTA DEL SOL BLVD  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LALLI LOURDES

PD

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date