

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000046197	
1. Entity Name INTERIOR RESOURCES OF SOUTH FLORIDA, INC.	

Principal Place of Business 4310 SHERIDAN STREET SUITE 202 HOLLYWOOD, FL 33021	Mailing Address 4310 SHERIDAN STREET SUITE 202 HOLLYWOOD, FL 33021
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04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0920190	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BURTON, ANDRE S 4310 SHERIDAN STREET SUITE 202 HOLLYWOOD, FL 33021
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**DO NOT WRITE
IN THIS SPACE**

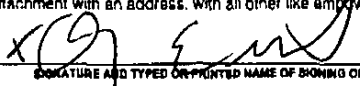
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP	PSD NICHOLS, OKEY 10332 S.W. 50TH COURT COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPTD NICHOLS, MARJORIE 10332 S.W. 50TH COURT COOPER CITY, FL 33328
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05/15/07-80078-018 150.00**DO NOT WRITE
IN THIS SPACE**

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

Date

Filing Fee Paid