


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90032 013 \*\*\*150.00

<b>DOCUMENT # P99000065041</b> 1. Entity Name <b>ART DECO DRAPERIES, INC.</b>					
Principal Place of Business <b>4525 EAST 11 AVE          HIALEAH, FL 33013</b>			Mailing Address <b>4525 EAST 11 AVE          HIALEAH, FL 33013</b>		
2. Principal Place of Business <b>4525 East 11 Ave.</b>		3. Mailing Address <b>4</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Hialeah, FL.</b>		City & State <b>Hialeah, FL.</b>		4. FEI Number <b>62-1788197</b>	
Applied For <input type="checkbox"/>		Not Applicable			
Zip <b>33013</b>	Country <b>U.S.A.</b>	Zip <b>33013</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>TORCIOS, LESBIA          4525 EAST 11 AVE          HIALEAH, FL 33013</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 50px;"> <b>FL</b>    Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>TORCIOS, LESBIA</b>	STREET ADDRESS <b>4525 EAST 11 AVE</b>		NAME 	STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH, FL 33013</b>			CITY-ST-ZIP		
TITLE <b>S</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CASTILLO, GARY</b>	STREET ADDRESS <b>4525 EAST 11 AVE</b>		NAME 	STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH, FL 33013</b>			CITY-ST-ZIP		
TITLE <b>T</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>Turcios, Jose</b>	STREET ADDRESS <b>4525 E 11 AVE.</b>		NAME 	STREET ADDRESS	
CITY-ST-ZIP <b>Hialeah, FL. 33013</b>			CITY-ST-ZIP		
TITLE 	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 	STREET ADDRESS		NAME 	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE 	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 	STREET ADDRESS		NAME 	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
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 the empowered.					
<b>SIGNATURE:</b> _____			_____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		