


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90004 012 \*\*\*150.00

**DOCUMENT # P99000081364**  
 1. Entity Name  
**EURO AMERICAN BLINDS & INTERIORS, INC.**



Principal Place of Business      Mailing Address  
**19569 NW 2ND AVENUE**  
**MIAMI, FL 33169**

**54065639**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07262004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number  
**59-3601116**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**NJIE, EBRIMA**  
**19569 NW 2ND AVENUE**  
**MIAMI, FL 33169**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NJIE, EBRIMA P	
STREET ADDRESS	19565 NW 2ND AVENUE	
CITY-ST-ZIP	NORTH MIAMI, FL 33169	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REID, JUDITH	
STREET ADDRESS	19565 NW 2ND AVENUE	
CITY-ST-ZIP	NORTH MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JALLOW, HARATOU	
STREET ADDRESS	4311 NE 13th Ave	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NJIE, AWA	
STREET ADDRESS	4311 NE 13th Ave	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: [Signature]      HARATOU JALLOW      7/27/04      (954) 965-7233  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment

574065639

July 26, 2004

**Re: P99000081364**

Dear Sir/Madam;

As per my conversation with a representative from Div. of Corporations, I did not receive a notice to file an annual report. I am hereby enclosing a check of \$150.00 for the filing fee. Your cooperation will be highly appreciated. Thank you.

Sincerely;



**Ebrima Njie**

**Registered Agent**