

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90019 035 ***158.75

DOCUMENT # P99000089331

1. Entity Name
FABRICA INTERNACIONAL DE BLINDAJES CORP.



Principal Place of Business
**4707 ENTERPRISE AVE.
UNIT S
NAPLES, FL 34104-7064**

Mailing Address
**4707 ENTERPRISE AVE.
UNIT S
NAPLES, FL 34104-7064**

2. Principal Place of Business
4707 ENTERPRISE AVE.

Suite, Apt. #, etc.

UNIT 5

City & State

NAPLES, FL.

Zip
34104-7064

Country

3. Mailing Address
4707 ENTERPRISE AVE.

Suite, Apt. #, etc.

UNIT 5

City & State

NAPLES, FL.

Zip
34104-7064

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0971520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICARDO AEIAS
4707 ENTERPRISE AVE. UNIT S
NAPLES, FL 34104-7064**

7. Name and Address of New Registered Agent

Name
RICARDO ARIAS

Street Address (P.O. Box Number is Not Acceptable)

4707 ENTERPRISE AVE. UNIT 5

City

NAPLES

FL

Zip Code

34104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**PTSD
ARIAS-GAVIRIA, RICARDO
4707 ENTERPRISE AVE. UNIT 5
NAPLES, FL 341047064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENA, ELSA MARIA
4707 ENTERPRISE AVE. UNIT 5
NAPLES, FL 341047064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-20-04