

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

03-22-2004 90296 038 \*\*\*150.00

**DOCUMENT # P99000094378**

1. Entity Name  
**HOUSE OF INTERIORS, INC.**



Principal Place of Business      Mailing Address

**200 FLORIDA AVE**      **BOX 1804**  
**TAVERNIER FL 33070**      **TAVERNIER FL 33070**

**64067413**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**99340 OVERSEAS HWY.**      **P.O. BOX 1804**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**KEY LARGO, FLA**      **TAVERNIER FLA**

4. FEI Number      Applied For

**65-0965237**       Not Applicable

Zip      Country      Zip      Country

**33037**      **MONROE**      **33070**      **MONROE**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KURUTZ, BARBARA**  
**94825 OVERSEAS HIGHWAY**  
**KEY LARGO FL 33037**

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 *Barbara Martinez Kurutz*      **INTERIOR DECORATOR**  
**BARBARA MARTINEZ-KURUTZ**      **3/13/04**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KURUTZ, BARBARA</b>
STREET ADDRESS	<b>94825 OVERSEAS HIGHWAY</b>
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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: *Barbara Martinez Kurutz*      **INTERIOR DECORATOR**  
**BARBARA MARTINEZ-KURUTZ**      **3/05/04**      **305-451-9696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #