


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90030 013 ***150.00

DOCUMENT # P99000095571	
1. Entity Name PERSPECTIVE INTERIORS, INC.	

Principal Place of Business 8550 NW 33 STREET SUITE 100 MIAMI, FL 33122	Mailing Address 8550 NW 33 STREET SUITE 100 MIAMI, FL 33122
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24041138

2. Principal Place of Business 5835 Blue Lagoon Dr. 4th fl	3. Mailing Address 5835 Blue Lagoon Dr. 4th fl
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City & State Miami FL	City & State Miami FL
Zip 33126	Zip 33126
Country USA	Country USA



04052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SHOJAE; MASSOUD 8550 N.W 33RD STREET, SUITE 100 MIAMI, FL 33122	
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4. FEI Number 65-0968851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOJAE, MARIA 8550 NW 33RD ST, STE 100 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMAS SHOJAE, MARIA 5835 BLUE LAGOON DRIVE, 4TH FL MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHOJAE, MASOUD 8550 N.W 33RD ST, STE 100 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHOJAE, MASOUD 5835 BLUE LAGOON DRIVE, 4TH FL MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4/12/04** Daytime Phone # _____