

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106096

FILED
Apr 19, 2004
Secretary of State

Entity Name: DIVINE BLINDS DISTRIBUTORS, INC.

Current Principal Place of Business:

2118 W BUSCH BLVD
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P O BOX 152533
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3612867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAN, OCONNOR M
P O BOX 152533
TAMPA, FL 33684 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OCONNOR, SEAN M
Address: P O BOX 152533
City-St-Zip: TAMPA, FL 33684

Title: VP () Delete
Name: MENENDEZ, BERNARDINO V
Address: P O BOX 152533
City-St-Zip: TAMPA, FL 33684

Title: S (X) Delete
Name: FELICCIARDI, LOUIS J
Address: P O BOX 152533
City-St-Zip: TAMPA, FL 33684

Title: VT (X) Delete
Name: ZAK, MICHAEL R
Address: P O BOX 152533
City-St-Zip: TAMPA, FL 33684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MENENDEZ, ELIETT
Address: P O BOX 152533
City-St-Zip: TAMPA, FL 33684

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN M OCONNOR

PRES

04/19/2004

Electronic Signature of Signing Officer or Director

Date