

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S26518

1. Entity Name
MURTY'S TRIMS, INC.



Principal Place of Business
3491 N DIXIE HWY
OAKLAND PARK, FL 33334

Mailing Address
6251 N. DIXIE HWY
FT. LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE



08262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0264653

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J
1630 N FEDERAL HWY
FT LAUDERDALE, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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
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

TITLE D
NAME BLEICH, JANINE L
STREET ADDRESS 3415 N. DIXIE HWY.
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE D
NAME ARONSON, LAWRENCE
STREET ADDRESS 3415 N. DIXIE HWY.
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

300041948063
10/18/04--01007--010 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

9-26-04

Date

954-682-2887

Daytime Phone #

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- *** The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.**
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Dear Marguerita,

Due to our constant set backs from the hurricanes, this is the absolute soonest I can respond. We've lost 3 wks of business from area damage and were victims of a major convention center events cancellations, which added to our financial losses. Oh. Well!! Thank goodness we're still here & healthy.

Meanwhile, we never did receive any form of renewal notification for the corporation and when I contacted the board, I was informed that it would be sent ~~soon~~ to me by day's end. It never came!

However, I do appreciate the efforts and your attention. Though I do apologize for any unintentional delays from me!

Thanks Again
So Much

G'd Bless &

Fair Weather herein

Joire