

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V47348**

1. Entity Name  
**WINDOW BLIND DISTRIBUTOR INC.**



Principal Place of Business  
**2500 PARK RD  
2A1  
HALLANDALE, FL 33009 US**

Mailing Address  
**7021 NW 169 TERR  
MIAMI, FL 33015**



01212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0354376**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILA, JORGE  
7021 NW 169 TERR  
MIAMI, FL 33015**

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | PD               |
| NAME           | MILA, JORGE      |
| STREET ADDRESS | 7021 NW 169 TERR |
| CITY-ST-ZIP    | MIAMI, FL        |
| TITLE          | STD              |
| NAME           | MILA, JANULA     |
| STREET ADDRESS | 7021 NW 169 TERR |
| CITY-ST-ZIP    | MIAMI, FL        |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |

000000488095  
04/11/06-80103-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:**

*Janula mila*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06 951-989-2312  
Date Daytime Phone #