## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47348

MIAMI, FL

City-St-Zip:

Entity Name: WINDOW BLIND DISTRIBUTOR INC

FILED May 01, 2008 Secretary of State

| Current Principal Place of Business:          |  |   | New Principal Place of Business:            |  |  |
|---|--|---|---|--|--|
| 2500 PARI                                     | K RD   |   | 73 SW 12TH AVENUE                           |  |  |
| 2A1<br>HALLAND                                | ALE, FL 33009  | 9 US  | 1-11<br>DANIA BEACH, FL 33                  | 004 US                                       |  |
| Current Mailing Address:                      |  |   | New Mailing Address                         | New Mailing Address:                         |  |
| 7021 NW 1<br>MIAMI, FL                        |  |   |   |  |  |
| FEI Number:                                   | : 65-0354376   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address of                         | Name and Address of New Registered Agent:    |  |
|   | 169 TERR<br>33015 US                                 | submits this statement for the  | purpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUR                                      | RE:  |   |   |  |  |
|   | Electror   | nic Signature of Registered Ag  | ent   | Date   |  |
|   |  | 3(2)(b), F.S., the corporation did no<br>g Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD ( )<br>MILA, JORGE,<br>7021 NW 169 T<br>MIAMI, FL | Delete  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |
| Title:<br>Name:<br>Address:                   | STD ( )<br>MILA, JANULA,<br>7021 NW 169 T            | Delete  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JORGE MILA PD 05/01/2008