2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47348

FILED Apr 27, 2009 Secretary of State

Entity Name: WINDOW BLIND DISTRIBUTOR INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
73 SW 12TH AVENUE		•		
1-11 DANIA BEACH, FL 33	3004 US			
Current Mailing Add	ress:	New Mailing Address	s:	
7021 NW 169 TERR MIAMI, FL 33015				
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 o	Name and Address of New Registered Agent:	
MILA, JORGE 7021 NW 169 TERR MIAMI, FL 33015 L	JS			
7021 NW 169 TERR MIAMI, FL 33015 L	ity submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
7021 NW 169 TERR MIAMI, FL 33015 L The above named enti in the State of Florida. SIGNATURE:	ity submits this statement for the		d office or registered agent, or both,	
7021 NW 169 TERR MIAMI, FL 33015 L The above named enti in the State of Florida. SIGNATURE:	ity submits this statement for the		d office or registered agent, or both, Date	
7021 NW 169 TERR MIAMI, FL 33015 L The above named enti in the State of Florida. SIGNATURE: Elect	ity submits this statement for the			
7021 NW 169 TERR MIAMI, FL 33015 L The above named enti in the State of Florida. SIGNATURE: Elect Election Campaign Finan	ity submits this statement for the personal stat	ent	Date	
7021 NW 169 TERR MIAMI, FL 33015 L The above named enti in the State of Florida. SIGNATURE: Elect	ity submits this statement for the period of the period of Registered Agricing Trust Fund Contribution (). ECTORS: () Delete	ent		

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 PS 04/27/2009