


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 517983
 1. Entity Name
 LOBEL'S AUTO UPHOLSTERY & SUPPLIES, INC.



Principal Place of Business ... Mailing Address ...
 901 NW 8TH AVE 901 NW 1TH AVE
 FT LAUDERDALE, FL 33311 US FT LAUDERDALE, FL 33311 US

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1699024 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOBEL JERRY
 901 NW 8TH AVE
 FT LAUDERDALE, FL 33311

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PTD |
| NAME | LOBEL, JERRY |
| STREET ADDRESS | 901 NW 8TH AVE |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33311 |
| TITLE | S |
| NAME | LOBEL, THELMA D. |
| STREET ADDRESS | 901 NW 8TH AVE |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33311 |
| TITLE | VP |
| NAME | GOTTLIEB, KAREN L |
| STREET ADDRESS | 901 NW 8TH AVE |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33311 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000235250
 02/18/05-80053-015 150.00

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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: *Jerry Lobel* 2-15-05 ✓ 954-462-0707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JERRY LOBEL