## FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90243 022 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

St. Country   Zip   Country   St. Country	1. Entity Nan	MEN   #K42623 FURNITURE DESIGNS INC				·
Supply April 2, etc.    Suite, Apt. 8, etc.	9520 SW 401	TH STREET	9520 SW 40TH STREET		11017128	
Chy & State  Chy &	2. Principal P	Place of Business	3. Mailing Address	en e	- 112370 111 01414 11414 11410 11644 1111 01514	
City & State  Ci	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			NG CHANGES
Zip Country Zip Country S. Certificate of Status Desired Agent Status Desired Agent Status	City & State City & State			<del></del>	4. FEI Number	Applied For
So Name and Address of Current Registered Agent	Zip	Country	Zip	Country	<del></del>	Not Applicable
Name Second W 407TH STREET MIAMM, FL 33165  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip	<del></del>	6. Name and Address of Current	Registered Agent		<u></u>	Lea Hadriiled
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Co				<del></del>		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accident to compare the colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to compare the colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to compare the colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to compare the colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to compare the colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to colligations of registered agent, or both, in the State of Forda. I am familiar with, and accident to colligations of registered agent, or both, in the State of Forda.    CENTY of Forda agent to colligations of the State of Forda agent to colligations of the Fordation and property of the purpose of the State of Forda agent, or both and accident on the second of the colligations of the Fordation applied with this filing does not qualify for the exception state of State of all made under oath that it am another or direct of the corporation of the receiver of the accident of the corporation of the receiver of the accident of the corporation of the receiver of the accident of the corporation of the receiver of the accident of the corporation of the receiver of the accident of the corporation of the receiver of the accident of the corporation of the receiver of the accident of the corporation of	9520 SW 40	OTH STREET		Street Address	(P.Q. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Prorda. I am familiar with, and acc the colligations of registered agent.    SIGNATURE	; ; ;		· - ·	City	· F	Zip Code
SIGNATURE:    Change   Delete   This   T	8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office or register	<u>_</u>	<del></del>
FILE NO VIII FEEL IS \$150,00 Age will be \$50.00 Age	the obligat	lons of registered agent		• • • · · ·		,
After May 1: 2003 Fee Will bit SSS 00 ST MAN MAKE. Check Payable to Florida Department of State.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE PD RODRIGUEZ, CARLOS Debre MAKE STRETADORSS 95:00 SW 40TH STREET STRETADORSS 11.  CITY-ST-2P MIAMI, FL 33166	dan rankai waka dan binkai murank	Signature, typed or printed name of registered against	and title if applicable. (NOTE:	Registered Agentsignature require	nd when reinstalling) CATE	
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDR	After	'May 1, 2003 Fee Will be \$550.00	of State			\$5.00 May Be Added to Fees
NAME SIRET ADDRESS CITY-ST-2P MIAMI, FL 33166  Delete TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE SIRET ADDRESS C	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  1.2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information of the receivery or trustee empowered to execute this report as rea end each cather that i am an officer or direct of the corporation or the receivery or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  1.2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information of the receivery or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  1.2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1  CANDOS RODRES  CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	NAME STHEET ADDRESS		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:     Change   Add   A	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  White is the information of 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 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition
SIGNATURE: ( MUSS KNOWN CANOS (CODINGUEZ 04/23/03(305) 273-35	10 1500000	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp- or on an attachment with an address.	this filing does not qualify for in true and accurate and that m wered is execute this report a with all other like empowered.	the exemption stated in Set alignature shall have the sequired by Chapter 60	same legal effect as if made under oath; that 7, Florida Statutes; and that my name appears	ertify that the information I am an officer or director s in Block 10 or Block 11 if
SIGNATURE AND TYPED OR PRINTED HABLE OF SIGNING/DIFFICER OR DIRECTOR // Day / Dayland Prond #		URE: arly	Kodrin	Canlos 14	Daguez 04/23/03	(305) 273 m3536