

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90209 014 ***150.00

DOCUMENT # M44689
1. Entity Name
8 & 47 FURNITURE, CORP.



| | |
|--|--|
| Principal Place of Business C/O WILFREDO ESCALONA 4703 SW 8TH ST. MIAMI, FL 33134 | Mailing Address C/O WILFREDO ESCALONA 4703 SW 8TH ST. MIAMI, FL 33134 |
|--|--|

44044137



04302004 No Chg-P CR2E034 (10/03)

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| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2762323 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

ESCALONA, FE
4703 SW 8TH ST.
MIAMI, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD ESCALONA, FE 4703 SW 8TH ST. MIAMI, FL |
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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: *Fe Maria Escalona* FE MARIA ESCALONA ^{04/26/04} 305 445 6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #