

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

|   |  |   |                               |
|---|--|---|-------------------------------|
| <b>DOCUMENT # M44689</b><br>1. Entity Name<br>8 & 47 FURNITURE, CORP.   |  |                                    |                               |
| Principal Place of Business<br>C/O WILFREDO ESCALONA<br>4703 SW 8TH ST.<br>MIAMI, FL 33134  |  | Mailing Address<br>C/O WILFREDO ESCALONA<br>4703 SW 8TH ST.<br>MIAMI, FL 33134                                      |                               |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |   |                               |
|   |  | 04282005 No Chg-P CR2E084 (10/03)   |                               |
|   |  | 4. FEI Number<br>59-2782323   | Applied For<br>Not Applicable |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |                               |
| 8. Name and Address of Current Registered Agent<br><br>ESCALONA FE<br>4703 SW 8TH ST.<br>MIAMI, FL 33134  |  | <b>DO NOT WRITE IN THIS SPACE</b>   |                               |
| 9. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>   |  |   |                               |
| <b>FILE NOW!!! FEE IS \$180.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                               |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD<br>ESCALONA, FE<br>4703 SW 8TH ST.<br>MIAMI, FL |   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                               |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                               |
| U00000335971<br>04/27/05-80079-022 150.00<br><br><b>DO NOT WRITE IN THIS SPACE</b>  |  |   |                               |
| 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 807, 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: <i>Deanna Escalona</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | *04-24-05*<br><small>Date Daytime Phone #</small>   |                               |