2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90005 033 ***150.00

DOCUMENT # **P01000111691**

1. Entity Name
ABISAI FURNITURE, INC

Principal Place of Business	Mailing Address
~~1382 SE 9 CT~~ ~~HIALEAH FL 33010~~ ← Delete →	~~1382 SE 9 CT~~ ~~HIALEAH FL 33010~~

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
13640 NW 19 AV	13640 NW 19 AV
Suite, Apt. #, etc. 18	Suite, Apt. #, etc. 18
City & State Opa-LocKa Fl	City & State Opa-LocKa Fl
Zip 33054 Country Miami-Dade	Zip 33054 Country Miami-Dade

4. FEI Number 65-1154512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIANA, ABISAI M
~~1382 SE 9 CT.~~
~~HIALEAH FL 33010~~ ← Delete

7. Name and Address of New Registered Agent

Name Abisai M. Triana
Street Address (P.O. Box Number is Not Acceptable)
13640 NW 19 AV Bay 18
City Opa-LocKa **FL** Zip Code 33054

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TRIANA, ABISAI M 1382 SE 9 CT HIALEAH FL 33010	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TRIANA, ABISAI M 13640 NW 19 AV Bay 18 Opa-LocKa Fl 33054	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ABISAI M. TRIANA 03-28-2005 (786) 457-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #