

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067492

FILED  
May 28, 2009  
Secretary of State

Entity Name: CARIBBEAN OFFICE FURNITURE AND SUPPLIES, INC.

**Current Principal Place of Business:**

10525 SW 130 CT.  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

10525 SW 130 CT.  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 26-3037734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARRAR, CHARLES O JR.  
201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES, FL FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ SEMMACHE, JOSE A  
Address: 8045 SE 107 AVE, SUITE 320  
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete  
Name: ADRIEN, FRANCOIS  
Address: 10525 SW 130 CT.  
City-St-Zip: MIAMI, FL 33186 US

Title: S ( ) Delete  
Name: ADRIEN, FRANCOIS  
Address: 10525 SW 130 CT  
City-St-Zip: MIAMI, FL 33186 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCOIS ADRIEN

VP

05/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date