


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90110 030 \*\*\*150.00

**DOCUMENT # P94000073356**

1. Entity Name  
**RELIABLE FURNITURE REPAIR OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**1501 SE DECKER AVD  
 STE 107  
 STUART FL 34994  
 US**

Mailing Address  
**POB 1094  
 PALM CITY FL 34991  
 US**

2. Principal Place of Business  
**1709 NW Federal Hwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1709 NW Federal Hwy**  
 Suite, Apt. #, etc.

City & State  
**Stuart, FL 34994**

City & State  
**Stuart, FL**

Zip  
**34994**

Country  
**USA**

Zip  
**34994**

Country  
**USA**



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0534253**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CONIGLIARO, CHARLES  
 2126 NW PLUMBAGO TR.  
 STUART FL 34994**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONIGLIARO, CHARLES		NAME		
STREET ADDRESS	2126 NW PLUMBAGO TRAIL		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONIGLIARO, DONNA		NAME		
STREET ADDRESS	2126 NW PLUMBAGO TRAIL		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONIGLIARO, LAUREN		NAME		
STREET ADDRESS	691 NE STUART STREET		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONIGLIARO, ANGELA		NAME		
STREET ADDRESS	2126 NW PLUMBAGO TRAIL		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Charles Conigliaro **4/28/05** **772-405-6222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #