


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90154 029 \*\*\*150.00

<b>DOCUMENT # P94000073356</b>					
1. Entity Name <b>RELIABLE FURNITURE REPAIR OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business 1709 NW FEDERAL HIGHWAY STUART FL 34994 US		Mailing Address 1709 NW FEDERAL HIGHWAY STUART FL 34994 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0534253</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>CONIGLIARO, CHARLES 2126 NW PLUMBAGO TR. STUART FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be 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	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONIGLIARO, LAUREN	NAME	CONIGLIARO, LAUREN		
STREET ADDRESS	691 NE STUART STREET	STREET ADDRESS	2126 NW Plumbago Tr.		
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	STUART, FL 34994		
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 exemptions contained in Section 119, 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: <i>Donna Conigliaro TS Donna Conigliaro</i>		4/20/06		772-405-6222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



1st MOORE CR2E034 (10/05)