


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

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90023 028 \*\*\*150.00

**DOCUMENT # P99000002610**

1. Entity Name  
**ASCOT FURNITURE, INC.**



Principal Place of Business  
**12951 BISCAYNE BLVD.  
 MIAMI FL 33181**

Mailing Address  
**12951 BISCAYNE BLVD.  
 MIAMI FL 33181**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0896388**

Applied For  
 Not Applicable

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



1st MOORE CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**

**- DESAUTY, RICHARD  
 12951 BISCAYNE BLVD.  
 MIAMI FL 33181**

**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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEITMANN, PETER	
STREET ADDRESS	1650 N.E. 115TH ST., PH 1	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, ROSANA	
STREET ADDRESS	1650 N.E. 115TH ST. PH 1	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ROSANA	
STREET ADDRESS	1650 N.E. 115TH ST. PH 1	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE SAUTY, RICHARD	
STREET ADDRESS	12951 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOCK, SIMONE	
STREET ADDRESS	11 ISLAND AVENUE. #806	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Boyd* **02/04/05** **305 892 2131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #