


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 003 ***150.00

DOCUMENT # P99000002610
 1. Entity Name
ASCOT FURNITURE, INC.



Principal Place of Business
**12951 BISCAYNE BLVD.
 MIAMI FL 33161**

Mailing Address
**12951 BISCAYNE BLVD.
 MIAMI FL 33161**



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

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

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number **65-0896388**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**DESAUTY, RICHARD
 12951 BISCAYNE BLVD.
 MIAMI FL 33161**

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, 2006 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 type="checkbox"/> Delete |
| NAME | DE SAUTY, RICHARD | |
| STREET ADDRESS | 12951 BISCAYNE BLVD | |
| CITY-ST-ZIP | MIAMI FL 33181 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, ROSANA | |
| STREET ADDRESS | 1650 N.E. 115TH ST. PH 1 | |
| CITY-ST-ZIP | MIAMI FL 33181 | |
| TITLE | M | <input checked="" type="checkbox"/> Delete |
| NAME | KLOCK, SIMONE | |
| STREET ADDRESS | 11 ISLAND AVENUE #806 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DESAUTY, RICHARD | |
| STREET ADDRESS | 12951 Biscayne Blvd. | |
| CITY-ST-ZIP | MIAMI, FL. 33181 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, ROSANA | |
| STREET ADDRESS | 12951 Biscayne Blvd | |
| CITY-ST-ZIP | MIAMI, FL. 33181 | |
| 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 | | |
| 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 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: D. Souza **02/06/06** **305 892 2131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #