

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002610

Entity Name: ASCOT FURNITURE, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

12951 BISCAYNE BLVD.
MIAMI, FL 33161

New Principal Place of Business:

12951 BISCAYNE BLVD.
MIAMI, FL 33181

Current Mailing Address:

12951 BISCAYNE BLVD.
MIAMI, FL 33161

New Mailing Address:

12951 BISCAYNE BLVD.
MIAMI, FL 33181

FEI Number: 65-0896388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAUTY, RICHARD
12951 BISCAYNE BLVD.
MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE SAUTY, RICHARD
Address: 12951 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

Title: S () Delete
Name: GONZALEZ, ROSANA
Address: 12951 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GONZALEZ, ROXANA
Address: 12951 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

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: ROXANA GONZALEZ

D

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date