

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 239145

1. Entity Name
ARGENIO FURNITURE COMPANY, INC.



FILED
Apr 23, 2005 08:00 AM
Secretary of State

Principal Place of Business
2019 PEMBROKE ROAD
HOLLYWOOD, FL 33020

Mailing Address
2019 PEMBROKE ROAD
HOLLYWOOD, FL 33020



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-6057929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARGENIO, GEORGE
2019 PEMBROKE RD.
HOLLYWOOD, FL 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000325447
04/23/05-80017-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	ARGENIO, BARBARA
STREET ADDRESS	2019 PEMBROKE RD.
CITY-ST- ZIP	HOLLYWOOD, FL
TITLE	PD
NAME	ARGENIO, GEORGE
STREET ADDRESS	2019 PEMBROKE RD.
CITY-ST- ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
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)(f), 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: George Argenio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 954-921-1555

Date

Daytime Phone #