2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 270077

Entity Name: CAMILO OFFICE FURNITURE, INC.

Current Principal Place of Business:

4400 SW 75TH AVE
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

4400 SW 75TH AVE
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 59-1024001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, JOSE
4400 SW 75TH AVENUE
MIAMI, FL 33155 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: D ( ) Delete
Name: LOPEZ, CAMILO
Address: 1424 ALGARDI AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete
Name: LOPEZ, CAMILO III
Address: 720 JERONIMO DR.
City-St-Zip: CORAL GABLES, FL 33146

Title: TD ( ) Delete
Name: LOPEZ, LUIS
Address: 4400 SW 75TH AVE.
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete
Name: LOPEZ, JOSE
Address: 4400 SW 75TH AVE.
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: LOPEZ, RICARDO
Address: 3511 S.W. 109 AVE.
City-St-Zip: CORAL GABLES, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPEZ, CAMILO
Address: 1424 ALGARDI AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD (X) Change ( ) Addition
Name: LOPEZ, CAMILO III
Address: 720 JERONIMO DR.
City-St-Zip: CORAL GABLES, FL 33146

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

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

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

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: LUIS LOPEZ TD 01/20/2009

Electronic Signature of Signing Officer or Director Date