2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 308649

FILED Feb 27, 2009 Secretary of State

Entity Name: CAPO'S FURNITURE HOUSE INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:		
968 S.W. 8 //IAMI, FL	33130			
Current M	lailing Addres	s:	New Mailing Address	s:
968 S.W. 8 //IAMI, FL	33130			
El Number	: 59-1152163	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
CAPO, RE 7300 W 12	2 AVE	10		
HALEAH,	FL 33012 l	JS		
⊺he above			ourpose of changing its registere	ed office or registered agent, or both,
⊺he above	named entity se of Florida.		ourpose of changing its registere	d office or registered agent, or both,
he above the State	named entity see of Florida.			ed office or registered agent, or both, Date
The above of the State SIGNATUI	named entity se of Florida. RE:Electron	submits this statement for the p		
The above in the State BIGNATUI Election Car	named entity se of Florida. RE:Electron	submits this statement for the particle is signature of Registered Agartust Fund Contribution ().	ent	
The above in the State BIGNATUI Election Car	named entity see of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Aggrants Fund Contribution (). TORS: Delete	ent	Date
The above in the State SIGNATUI SIGNATUI Care Care Care Care Care Care Care Care	e named entity se of Florida. RE:	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete AYSHORE DR	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: RENE CAPO PRES 02/27/2009