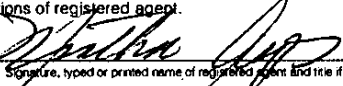
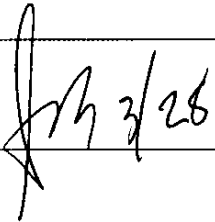
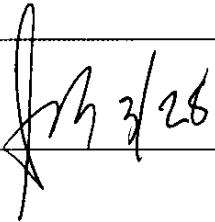
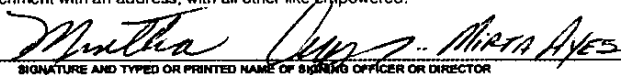


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 387369 1. Entity Name TROPICAL FURNITURE DISTRIBUTORS, INC.						FILED 06 MAR 28 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 7250 N.W. 77TH STREET MIAMI, FL 33166-2204				Mailing Address 7250 N.W. 77TH STREET MIAMI, FL 33166-2204			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-1418827				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, AMADA CANTERA 1036 S.W. 1ST STREET MIAMI, FL 33130 				7. Name and Address of New Registered Agent Name MIRTHA AYES Street Address (P.O. Box Number is Not Acceptable) 7250 NW 77th STREET City MIAMI FL Zip Code 33166			
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  (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYES, JOSE M. 7250 NW 77TH ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000069397550 04/04/06--01031--019 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AYES, MIRTA 7250 NW 77TH ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYES, MIRTHA C. 7250 NW 77TH ST MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  MIRTHA AYES				3-10-06 305-885-8431			