



FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 460916 1. Entity Name A. A. PROFESSIONAL UPHOLSTERY, INC.			
Principal Place of Business 4338 N.E. 5TH AVENUE OAKLAND PARK, FL 33334 US		Mailing Address 2071 NORTHEAST 63 COURT FORT LAUDERDALE, FL 33308 US	
DO NOT WRITE IN THIS SPACE			
		03182008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1574977	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONEAU, REAL MARCEL 2071 N E 63RD COURT FORT LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DATE 04/15/08-80068-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
STD SIMONEAU, JEANNETTE 2071 N E 63RD COURT FT LAUDERDALE, FL 00000,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PD SIMONEAU, REAL MARCEL 2071 N E 63RD COURT FT LAUDERDALE, FL 00000,			
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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: <u>JEANNETTE SIMONEAU</u> JEANNETTE SIMONEAU <u>4/15/08 954-566-6011</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			