

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90074 014 \*\*\*150.00

**DOCUMENT # 473103**

1. Entity Name  
**FLORIDA UPHOLSTERERS FRAMES, INC.**



Principal Place of Business  
**2293 W 77 ST  
HIALEAH, FL 33016**

Mailing Address  
**2293 W 77 ST  
HIALEAH, FL 33016**

**40013613**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-1593110**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MIGUEL CORTIZO  
7185 N.OAKMONT DR.  
MIAMI, FL 33015**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME PVS ☐ Delete  
CORTIZO, MIGUEL  
STREET ADDRESS 7185 N.OAKMONT DR.  
CITY-ST-ZIP COUNTRY CLUB, MIAMI,

TITLE NAME D ☒ Delete  
CORTIZO, ILIANA M.  
STREET ADDRESS 7185 N.OAKMONT DR.  
CITY-ST-ZIP COUNTRY CLUB, MIAMI,

TITLE NAME TD ☒ Delete  
CORTIZO, MIQUEL  
STREET ADDRESS 19751 NW 59 PL  
CITY-ST-ZIP MIAMI, FL

TITLE NAME S ☐ Delete  
CORTIZO, TITA  
STREET ADDRESS 7185 N OAKMONT DR.  
CITY-ST-ZIP COUNTRY CLUB, MIAMI,

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Tita Cortizo*

**MIGUEL CORTIZO, PRES. 1/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #