
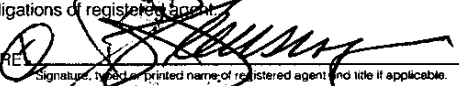


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90029 023 ***150.00

DOCUMENT # 512376 1. Entity Name SAM SIMONE UPHOLSTERY, INC.					
Principal Place of Business 915 N. DIXIE HWY WEST PALM BEACH, FL 33401			Mailing Address 915 N. DIXIE HWY WEST PALM BEACH, FL 33401		
2. Principal Place of Business No P.O. Box # 1808 CLARE AVENUE Suite, Apt. #, etc.		3. Mailing Address C/O FEINSINGER CPA Suite, Apt. #, etc. 11616 SE DIXIE HWY			
City & State WEST PALM BEACH, FL		City & State HOBE SOUND, FL		4. FEI Number 59-1690564	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGERON, SANDRA 8110-A OAKTON COURT WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent Name PAUL J. FEINSINGER CPA Street Address (P.O. Box Number is Not Acceptable) 11616 SE DIXIE HIGHWAY City HOBE SOUND FL Zip Code 33455	
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  PAUL J. FEINSINGER CPA DATE 7/7/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGERON, SANDRA 8110-A DAKTON CT WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGERON, SANDRA C/O FEINSINGER CPA 11616 SE DIXIE HWY HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE:  SANDRA A. BERGERON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/11/08 Daytime Phone # (561) 832-6915		