

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 592336

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: HMF CUSTOM FURNITURE CORP.

**Current Principal Place of Business:**

9778 NAPOLI WOODS LAND  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9778 NAPOLI WOODS LAND  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 59-1861583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TERKIEL, LESLIE  
9778 NAPOLI WOODS LAND  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TERKIEL, LESLIE  
Address: 9778 NAPOLI WOODS LAND  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S ( ) Delete  
Name: TERKIEL, DANA  
Address: 9778 NAPOLI WOODS LAND  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: HUAYTA, JORGE  
Address: 9778 NAPOLI WOODS LANE  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESLIE TERKIEL

P

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date