


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # 637269 1. Entity Name PARK FURNITURE DISCOUNT, INC. |  |
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| Principal Place of Business 6200 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 | Mailing Address 6200 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 |
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01202005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1983385 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GABRIEL, ISASI IV 1409 CARIBBEAN ROAD LAKE CLARKE SHORES, FL 33406 |
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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 _____
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, 2005 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 STREET ADDRESS CITY - ST - ZIP | DV GABRIEL, ISASI IV 1409 CARIBBEAN ROAD LAKE CLARKE SHORES, FL 33406 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST ISASI, MERIDA 1409 CARRIBBEAN RD LAKE CLARKE SHORES, FL 33406 |
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02/19/05 80021-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2-13-05 (SL) 586-0303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #