

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 637269

1. Entity Name
PARK FURNITURE DISCOUNT, INC.



Principal Place of Business
**6200 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405**

Mailing Address
**6200 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	

6. Name and Address of Current Registered Agent

**GABRIEL, ISASI IV
1409 CARIBBEAN ROAD
LAKE CLARKE SHORES, FL 33406**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	GABRIEL, ISASI IV
STREET ADDRESS	1409 CARIBBEAN ROAD
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406

TITLE	DST
NAME	ISASI, MERIDA
STREET ADDRESS	1409 CARRIBEAN RD
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406

TITLE	DP
NAME	GABRIEL, ISASI
STREET ADDRESS	1409 CARIBBEAN RD
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000392985
01/25/06-80002-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

GABRIEL ISASI IV

PRES.

1-17-06 (561) 586-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #