

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688531

FILED
May 11, 2007
Secretary of State

Entity Name: CONSUL FURNITURE INC.

Current Principal Place of Business:

1732 S.W. 8TH STREET
C/O ANDRES CABEZAS
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1732 S.W. 8TH STREET
C/O ANDRES CABEZAS
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-2024310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABEZAS, ANDRES
8890 S.W. 11TH STREET
MIAMI, FL 33174 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABEZAS, ANDRES,
Address: 8890 SW 11TH ST
City-St-Zip: MIAMI, FL 00000,

Title: SD () Delete
Name: CABEZAS, FRANCISCO,
Address: 8890 SW 11 ST.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANCISCO CABEZAS

SD

05/11/2007

Electronic Signature of Signing Officer or Director

_____ Date