

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688531

FILED  
Apr 29, 2008  
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

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: ANDRES CABEZAS

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date