

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688531

FILED
Apr 19, 2009
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:

CABEZAS, ANDRES
2250 S.W. 139 AVE
MIAMI, FL 33175 US

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: _____ 04/19/2009
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: PD (X) Change () Addition
Name: CABEZAS, ANDRES
Address: 2250 S.W. 139 AVE
City-St-Zip: MIAMI, FL 33175

Title: SD (X) Change () Addition
Name: CABEZAS, FRANCISCO
Address: 2250 S.W. 139 AVE
City-St-Zip: MIAMI, FL 33175

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 04/19/2009
Electronic Signature of Signing Officer or Director Date