

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90292 022 ***175.00

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1. Entity Name
PALMIERI FURNITURE LIMITED, INC.



Principal Place of Business
**1230 REID ST.
RICHMOND HILL, ONTARIO
CANADA L4B 1C4,**

Mailing Address
**1230 REID ST.
RICHMOND HILL, ONTARIO
CANADA L4B 1C4,**

50050829



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARTER & THOMAS LAW OFFICES LLP
1200 N. FEDERAL HWY., SUITE 312
BOCA RATON, FL 33432**

**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, 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	P
NAME	PALMIERI, ROCCO
STREET ADDRESS	1230 REID ST.
CITY-ST-ZIP	RICHMOND HILLS, ONT. 94B 1C4,
TITLE	V
NAME	PALMIERI, FRANK
STREET ADDRESS	1230 REID ST.
CITY-ST-ZIP	RICHMOND HILLS, ONT. 94B 1C4,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: (Signature) (BHARAT MEHTA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28/05

Date

(905) 731-9300

Daytime Phone #