

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000006252

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,

DO NOT WRITE IN THIS SPACE

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

05-09-2005 90292 022 ***175.00

50050829



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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. N4B 1C4,

TITLE V
NAME PALMIERI, FRANK
STREET ADDRESS 1230 REID ST.
CITY-ST-ZIP RICHMOND HILLS, ONT. N4B 1C4,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Bhavat Mehta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28/05 (905) 731-9300.

Date

Daytime Phone #

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IN THIS SPACE**