



**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90242 028 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**66425339**



<b>DOCUMENT # F31334</b>					
1. Entity Name <b>ANTOS OFFICE FURNITURE &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>C/O HAYDEE ZAMORA 3061 NW 4TH ST MIAMI, FL 33125 US</b>			Mailing Address <b>C/O HAYDEE ZAMORA 3061 NW 4TH ST MIAMI, FL 33125 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>59-2102419</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HAYDEE ZAMORA 3061 NW 4TH ST MIAMI, FL 33125</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ZAMORA, HAYDEE</b>	NAME			
STREET ADDRESS	<b>3061 NW 4 ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ZAMORA, JORGE P</b>	NAME			
STREET ADDRESS	<b>3061 NW 4 ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 reports 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: 		5-2104		(305) 887-1665	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Domestic Phone #	