2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State
01-18-2007 90104 016 ***150.00

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1. Entity Name
ALMACEN Y MUEBLERIA LA FLORIDA, U.S.A., INC.

Principal Place of Business	Mailing Address
1550 W 84TH ST N 50 HIALEAH, FL 33014	1550 W 84TH ST N 50 HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2194823

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABOU, CHADY J
1550 W 84TH ST
#50
HIALEAH, FL 33014

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	IMSAF ALI-DARGHAM DE ABOU-ALA
STREET ADDRESS	NONE
CITY-ST-ZIP	CARACAS, VE
TITLE	PD
NAME	ABOU, SALMAN
STREET ADDRESS	1550 W 84TH ST., #50
CITY-ST-ZIP	HIALEAH, FL
TITLE	VT
NAME	ABOU, CHADY J
STREET ADDRESS	1550 W 84 ST., STE 50
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Chady J. Abou' V.P. 1/12/07 (305) 822-3896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #