

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F83439
 1. Entity Name
 ALMACEN Y MUEBLERIA LA FLORIDA, U.S.A., INC.



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



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

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 02/15/08-80089-010-150.00

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 B. Abou, V.P. 1/10/08 (305) 822-3896
 SIGNATURE, PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #