

\$300.00

# 01-02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81846

FILED

02 APR 29 PM 3: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
Home Designed Furniture Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2828 Coral Way  
Suite, Apt. #, etc.

3. Mailing Address  
2828 Coral Way  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL  
Zip  
33145  
Country

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Miami, FL  
Zip  
33145  
Country

4. FEI Number  
592354053

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rafael Amador

Street Address (P.O. Box Number is Not Acceptable)  
3400 NW 62 ST.

City Miami FL Zip Code 33142

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.

SIGNATURE Rafael Amador  
Signature, typed or printed name of registered agent and title if applicable. (NO ILL: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P/T/D  
NAME Rafael Amador  
STREET ADDRESS 3400 NW 62 ST  
CITY-ST-ZIP Miami, FL 33145

TITLE S/D  
NAME Maria Amador  
STREET ADDRESS 3400 NW 62 ST  
CITY-ST-ZIP Miami, FL 33145

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\*\*\*\*600.00 \*\*\*\*300.00

**DO NOT WRITE IN THIS SPACE**

*Handwritten mark*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael Amador  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345 (12/03)

HOME DESIGNED FURNITURE CORPORATION  
DOC.# G81846

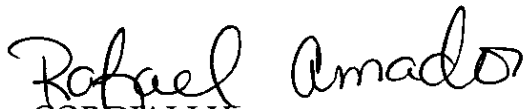
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

  
CORDIALLY  
RAFAEL AMADOR  
PRESIDENT