

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81846

FILED
Feb 12, 2009
Secretary of State

Entity Name: HOME DESIGNED FURNITURE CORPORATION

Current Principal Place of Business:

3400 NW 62 ST.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

3400 NW 62 ST.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-2354053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, OMAR
3400 NW 62 ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

ZAMORA, OMAR
3400 NW 62 ST
MIAMI, FL 33147 US

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: OMAR ZAMORA

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAMORA, OMAR
Address: 3400 NW 62 ST
City-St-Zip: MIAMI, FL 33145

Title: SD () Delete
Name: ZAMORA, VIVIANA
Address: 3400 NW 62 ST
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZAMORA, OMAR
Address: 8291 NW 165 TERR.
City-St-Zip: MIAMI, FL 33016

Title: SD (X) Change () Addition
Name: ZAMORA, VIVIANA
Address: 8291 NW 165 TERR.
City-St-Zip: MIAMI, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR ZAMORA

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date