


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90038 010 ***150.00

DOCUMENT # H33270

1. Entity Name
COMMERCIAL OFFICE FURNITURE OF SOUTH FLORIDA, INC.



Principal Place of Business
 4231 N DIXIE HIGHWAY
 OAKLAND PARK, FL 33334

Mailing Address
 4231 N DIXIE HIGHWAY
 OAKLAND PARK, FL 33334

54065074



2. Principal Place of Business
4720A N.W 15 AVE
 Suite, Apt. #, etc.

3. Mailing Address
4720A N.W 15 AVE
 Suite, Apt. #, etc.

03042003 Chg-P CR2E034 (10/03)

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33309

Country
BROWARD

Zip
33309

Country
BROWARD

4. FEI Number
59-2507217

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GIGLIO, ROSE
 4231 N DIXIE HIGHWAY
 OAKLAND PARK, FL 33334

4720A NW 15 AVE
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GIGLIO, ROSE 81 N.W. 47TH CT FT. LAUDERDALE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Rose Giglio Date: 7/23/04 Daytime Phone #: 954-972-3325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR