

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # H33270
 1. Entity Name
 COMMERCIAL OFFICE FURNITURE OF SOUTH FLORIDA, INC.



Principal Place of Business 4720A NW 15TH AVE ATTN: EILEEN FORT LAUDERDALE, FL 33309	Mailing Address 4720A NW 15TH AVE ATTN: EILEEN FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2507217	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIGLIO, ROSE
 4720A NW 15TH AVE
 FORT LAUDERDALE, FL 33309

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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 _____
Signatures, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD GIGLIO, ROSE 81 N.W. 47TH CT FT. LAUDERDALE, FL
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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: Rose Giglio Rose G. Giglio 4/20/07 954-972-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #