

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90041 048 ***150.00

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01042006 Chg-P CR2E034 (11/05)

DOCUMENT # H41521 1. Entity Name MIAMI FURNITURE DISTRIBUTORS, INC.					
Principal Place of Business 5300 SW 72 AVE MIAMI, FL 33155 US			Mailing Address 5300 SW 72 VE MIAMI, FL 33155 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5300 SW 72 AVE Suite, Apt. #, etc.			
City & State Zip		City & State MIAMI, FL Zip 33155		4. FEI Number 59-2490452	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERTA, LUCRECIA 5300 SW 72 AVE MIAMI, FL 33155			7. Name and Address of New Registered Agent Name ROZENCWAIG, NADEL & FERRERO - CARR, LLP Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD City HALLANDALE BEACH FL Zip Code 33009		
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 1/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERTA, GERARDO 5300 SW 72 AVE MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWED, JACOBO 5300 SW 72 AVE MIAMI, FL 33155
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERTA, LUCRECIA 5300 SW 72 AVE MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWED, SUSANA 5300 SW 72 AVE MIAMI, FL 33155
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:			01/04/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		