

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41521

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** MIAMI FURNITURE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

3601 N.W. 54 STREET  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

3601 N.W. 54 STREET  
MIAMI, FL 33142 US

**New Mailing Address:**

**FEI Number:** 59-2490452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWED, JACOBO  
3601 N.W. 54TH STREET  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCHWED, JACOBO  
Address: 5300 SW 72 AVE  
City-St-Zip: MIAMI, FL 33155

Title: SD  
Name: SCHWED, SUSANA  
Address: 5300 SW 72 AVE  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: SCHWED, ISAAC  
Address: 3601 N.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33142 US

I hereby 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 all other like empowered.

SIGNATURE: JACOBO SCHWED

PD

03/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date