2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # K33267 1. Entity Name J & M FURNITURE MANUFACTURING CORP. Principal Place of Business Mailing Address 515 W. 26TH STREET 515 W. 26TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 04222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0072540 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent URRUTIA, JOSE A. DO NOT WRITE 515 W. 26TH ST. HIALEAH, FL 33010 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE URRUTIA, JOSE A NAME STREET ADDRESS 515 W. 26TH STREET U00000129898 CITY-ST-ZIP HIALEAH, FL 33010 04/26/04-80096-015 150.00 TITLE NAME URRUTIA, MARIO L. STREET ADDRESS 515 W. 26TH STREET CITY - ST-ZIP HIALEAH, FL 33010 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver changed, or on an attachment wi

SIGNATURE:

TITLE NAME STREET ADDRESS CLIY+ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR