

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K50943**

1. Entity Name  
**CUSTOM MICA FURNITURE, INC.**



Principal Place of Business

**575 W 28TH ST  
HIALEAH, FL 33010 US**

Mailing Address

**575 W 28TH ST  
HIALEAH, FL 33010 US**



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2921337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DORTA, GABINO  
857 W 60 ST  
HIALEAH, FL 33012**

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DORTA, GABINO
STREET ADDRESS	857 W 60 ST
CITY- ST- ZIP	HIALEAH, FL
TITLE	SD
NAME	DORTA, EDUARDO
STREET ADDRESS	843 W 60 ST
CITY- ST- ZIP	HIALEAH, FL 33012
TITLE	VD
NAME	DORTA, MIRTA
STREET ADDRESS	857 W 60 ST
CITY- ST- ZIP	HIALEAH, FL
TITLE	TD
NAME	DORTA, LUIS E
STREET ADDRESS	8020 NW 185 ST
CITY- ST- ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000860972  
04/02/08-80085-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Mirta Dorta* **MIRTA DORTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-08**

Date

**305-888-8480**

Daytime Phone #