

ANNUAL REPORT (AR)

DOCUMENT # K57554

1. Entity Name
ACTION FURNITURE SERVICE, INC.



FILED
Apr 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| Principal Place of Business % CARLOS A. VIDAL 5446 NW 44 WAY COCONUT CREEK FL 33073 | Mailing Address % CARLOS A. VIDAL 5446 NW 44 WAY COCONUT CREEK FL 33073 |
|---|---|



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc.

3. Mailing Address Suite, Apt #, etc.

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number **65-0096489**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIDAL, CARLOS A.
5446 NW 44 WAY
COCONUT CREEK FL 33073**

| | |
|--|-------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| | |
| City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|-----------------|------------------|-----------------------|---------------------------------|
| TITLE | PD | VIDAL, CARLOS ALBERTO | <input type="checkbox"/> Delete |
| NAME | 5446 NW 44 WAY | | |
| STREET ADDRESS | COCONUT CREEK FL | | |
| CITY - ST - ZIP | | | |
| TITLE | STD | CHIMINO, GRACE | <input type="checkbox"/> Delete |
| NAME | 5446 NW 44 WAY | | |
| STREET ADDRESS | COCONUT CREEK FL | | |
| CITY - ST - ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| | | | |
|-----------------|--|--|---|
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
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| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | |
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| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

U00000285046
04/02/05-80030-005 150.00

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Grace Chimino **GRACE Chimino** 3/30/05 904-427-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #