2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # K57554 1. Entity Name ACTION FURNITURE SERVICE, INC. Principal Place of Business Mailing Address % CARLOS A. VIDAL 5446 NW 44 WAY COCONUT CREEK FL 33073 % CARLOS A. VIDAL 5446 NW 44 WAY COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0096489 Not Applica Zip Country Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIDAL, CARLOS A. Street Address (P.O. Box Number is Not Acceptable) 5446 NW 44 WAY COCONUT CREEK FL 33073 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Lam familiar with, and acceptable 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 9. Election Campaign Financing \$5.00 May (After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 516) F Delete ☐ Change Additi-NAME VIDAL, CARLOS ALBERTO HAME U00000500707 04/25/06-80031-025 150.00 STREET ADDRESS 5446 NW 44 WAY STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL CITY-ST-ZIP STO TITLE Delete DILE ☐ Change ☐ Addition NAME CHIMINO, GRACE NAME STREET ADORESS 5446 NW 44 WAY STREET ADDRESS CITY-ST-21P COCONUT CREEK FL CITY-ST-ZIP BHE ☐ Delete Change Marie Arten TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-27P CITY-ST-7P STLE ☐ Delete DILE ☐ Change 🔲 Adamio NAME STREET ACCRESS STREET ADDRESS CITY-ST-218 CITY-ST-ZIP TITLE ☐ Defete πτιε [] Change Additio NAME MAARE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST: 7/P ☐ Detete MULE Change | NABAE NAME STREET ADDRESS Street Address CITY-57-71P CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED