2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # K57554

1. Entity Name



FILED Apr 19, 2007 8:00 am Secretary of State

	FURNITURE SERVICE, INC.	E C		04-19-2007 90410 036 *****130.00						
Principal Place of Business % CARLOS A. VIDAL 5446 NW 44 WAY COCONUT CREEK FL 33073		Mailing Addross % CARLOS A. VIDAL 5446 NW 44 WAY COCONUT CREEK FL 33073								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)					
City & State		City & State		-	4. FEI Number 65-0096489				pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Addee Require		
	6. Name and Address of Current			7. Name and	Address of New F	Registered A	gent			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AL, CARLOS A.		Name							
544	6 NW 44 WAY CONUT CREEK FL 33073			reet Address (P.O. Box Number is Not Acceptable)						
	*							T -: 0		
			City		***		FL	Zip Cod		
	named entity submits this statement fo tions of registered agent	r the purpose of changing i	ts registered offic	or register	red agent, or bot	th, in the State of Fl	lorida. I am la	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	uvd tille a samkrahle (NC	OTE: Registered Agent si	unatura racuuran	t when re netaling)		DATL			
		тистине такумские.	Tregisio.ed Agent si	prisante recipire o	y when tenseating)		DAIL			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Camp Trust Fund Cor	•		.00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11	
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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.

CARlOS A. VIDAL SIGNATURE: Color (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR