

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00641

1. Entity Name
ABRAHAM FURNITURE CORP.



Principal Place of Business

% MIGUEL ABRAHAM
248 W. 29TH STREET
HIALEAH, FL 33012 US

Mailing Address

% MIGUEL ABRAHAM
248 W. 29TH STREET
HIALEAH, FL 33012 US



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1850903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, MIGUEL A
3725 S. OCEAN DR. #414
#308
HOLLYWOOD, FL 33019

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE STD
NAME ABRAHAM, MIGUEL A.
STREET ADDRESS 3725 S. OCEAN DR. #414
CITY-ST-ZIP HOLLYWOOD, FL

TITLE P
NAME ABRAHAM, MIGUEL A.
STREET ADDRESS 3725 S. OCEAN DR #414
CITY-ST-ZIP HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
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000000552209
05/15/06-80002-009 150.00

**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: *Miguel Abraham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

Daytime Phone #