

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021066

FILED
Apr 25, 2005
Secretary of State

Entity Name: INNOVATIVE DISPLAY FURNITURE L.C.

Current Principal Place of Business:

3662 NW 48 TERRACE
MIAMI, FL 33142 US

New Principal Place of Business:

5510 NW 35TH COURT
HIALEAH, FL 33142 US

Current Mailing Address:

3662 NW 48 TERRACE
MIAMI, FL 33142 US

New Mailing Address:

5510 NW 35TH COURT
HIALEAH, FL 33142 US

FEI Number: 02-0537189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M ESQ.
1201 BRICKELL AVENUE
SUITE 220
MIAMI, FL 331313207 US

Name and Address of New Registered Agent:

WAYNE, GEOFFREY M ESQ.
1201 BRICKELL AVENUE
SUITE 220
MIAMI, FL 331313207 US

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.

SIGNATURE:

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DELFINO, RICARDO
Address: 3662 NW 48 TERRACE
City-St-Zip: MIAMI, FL 33142 US

Title: MGRM () Delete
Name: REYES HERRERA, MARTHA
Address: 1111 BRICKELL BAY DRIVE, APT. 1203
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELFINO, RICARDO
Address: 5510 NW 35TH COURT
City-St-Zip: HIALEAH, FL 33142 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARTHA REYES HERRERA

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date