

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90361 044 \*\*\*\*50.00

<b>DOCUMENT # L03000032848</b> 1. Entity Name <b>HOME IMAGE FURNITURE OF MIAMI, LLC</b>			
Principal Place of Business <b>2805 W 14 AVE. #22 HIALEAH, FL 33010</b>		Mailing Address <b>2805 W 14 AVE. #22 HIALEAH, FL 33010</b>	
2. Principal Place of Business <b>10181 NW 58TH ST Suite, Apt. #, etc. #1</b>		3. Mailing Address <b>10181 NW 58TH ST Suite, Apt. #, etc. #1</b>	
City & State <b>Miami</b>		City & State <b>Miami, FL</b>	
Zip <b>FL 33178</b> Country		Zip <b>33178</b> Country	
4. FEI Number <b>68-0564673</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NEPA, MARIA L 2805 W 14 AVE. #22 HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent Name <b>Morales Carlos</b> Street Address (B.O. Box Number is Not Acceptable) <b>10181 NW 58TH ST #1</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEPA, MARIA L 2805 W 14 AVE. #22 HIALEAH, FL 33010 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nepa, Maria L. 10181 NW 58TH ST #1 Miami FL 33178 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORALES, CARLOS 2805 W 14 AVE. #22 HIALEAH, FL 33010 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Morales, Carlos 10181 NW 58TH ST #1 Miami FL 33178 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
11. 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 is true and accurate and that my 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.			
<b>SIGNATURE:</b> <div style="float: right;">         Date _____ Daytime Phone # _____       </div>			