

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 024 ****50.00

DOCUMENT # L03000032848 1. Entity Name HOME IMAGE FURNITURE OF MIAMI, LLC					
Principal Place of Business 10181 NW 58TH ST #1 MIAMI, FL 33178			Mailing Address 10181 NW 58TH ST #1 MIAMI, FL 33178		
2. Principal Place of Business 730 SW 27 Ave.		3. Mailing Address 730 SW 27 Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami		City & State Miami		4. FEI Number 68-0564673	
Zip FL		Country 33135		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		04122005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MORALES, CARLOS 10181 NW 58TH ST #1 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name <u>MORALES, CARLOS</u> Street Address (P.O. Box Number is Not Acceptable) <u>730 SW 27 AVE.</u> City <u>MIAMI</u> FL <u>33135</u>		
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 <u>Hector Lopez</u> DATE <u>04/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEPA, MARIA L 10181 NW 58TH ST #1 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEPA, MARIA L. 730 SW 27 AVE MIAMI, FL 33135
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORALES, CARLOS 10181 NW 58TH ST #1 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORALES, CARLOS 730 SW 27 AVE. MIAMI, FL 33135
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
SIGNATURE: <u>Hector Lopez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>04/12/05</u> <small>Daytime Phone #</small>	