

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113711

FILED
Feb 23, 2007
Secretary of State

Entity Name: ABSOLUTE FURNITURE & WOODWORK LLC

Current Principal Place of Business:

140 S.W. 96 TERRACE, SUITE 202
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

140 S.W. 96 TERRACE, SUITE 202
PLANTATION, FL 33324

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEYMAN, SEMEN
Address: 140 S.W. 96 TERRACE, SUITE 202
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: KULESHOV, OLEG
Address: 140 S.W. 96 TERRACE, SUITE 202
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: KULESHOVA, NATALYA
Address: 140 S.W. 96 TERRACE, SUITE 202
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: SEMEN NEYMAN

MGR

02/23/2007

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