

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18646

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: MUEBLE CREDIT CORPORATION

**Current Principal Place of Business:**

280 WEST 29TH ST.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

280 WEST 29TH ST.  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-0146898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GARCIA, CARMELO  
1740 SW 85 AVE  
MIAMI, FL 33155      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARCIA, CARMELO,  
Address: 1740 S.W. 85TH AVE.  
City-St-Zip: MIAMI, FL

Title: DV ( ) Delete  
Name: GARCIA, HARRY,  
Address: 1740 S.W. 85TH AVENUE  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: GARCIA, JOSEFA,  
Address: 1740 S.W. 85HT AVENUE  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: GARCIA, LIZETTE  
Address: 1740 SW 85TH AVENUE  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: FRANKLIN, GARCIA B  
Address: 1740 SW 85 AVENUE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY E. GARCIA

DV

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date