2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 30, 2006
Secretary of State

DOCUMENT# M20735

Entity Name: APRICOT OFFICE SUPPLIES & FURNITURE, INC.

Current Principal Place of Business:

7050 W. STATE ROAD 84
SUITE 16
FORT LAUDERDALE, FL 33317 US

New Principal Place of Business:

1013 PARK CENTRE BLVD
MIAMI GARDENS, FL 33169 US

Current Mailing Address:

7050 W. STATE ROAD 84
SUITE 16
FORT LAUDERDALE, FL 33317 US

New Mailing Address:

1013 PARK CENTRE BLVD
MIAMI GARDENS, FL 33169 US

FEI Number: 59-2663744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERA, STACEY
20221 NE 21 AVENUE
MIAMI, FL 33179 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BERNARD, BASIL M
Address: 113 NIGHTHAWK AVE.
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete
Name: BERNARD, MARLENE A
Address: 113 NIGHTHAWK AVE.
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete
Name: SILVERA, GREGORY A
Address: 20221 NE 21ST AVENUE
City-St-Zip: MIAMI, FL 33179

Title: VSD ( ) Delete
Name: SILVERA, STACEY E
Address: 20221 NE 21ST AVENUE
City-St-Zip: MIAMI, FL 33179

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:

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 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: STACEY SILVERA VSD 11/30/2006

Electronic Signature of Signing Officer or Director Date