


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M33801
 1. Entity Name
HIALEAH FURNITURE WAREHOUSE, INC.



Principal Place of Business Mailing Address
C/O ORLANDO PENA **C/O ORLANDO PENA**
7551 WEST 4TH AVENUE **7551 WEST 4TH AVENUE**
HIALEAH, FL 33014 **HIALEAH, FL 33014**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite Apt #, etc

City & State City & State

Zip Country Zip Country



04232004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2684124** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENA, ORLANDO
7551 WEST 4TH AVENUE
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent's signature required when "Not State of")

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D PENA, ORLANDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	UN00000155755
	7551 WEST 4TH AVENUE		05/05/04-80050-002 150.00
	HIALEAH, FL 33014		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered

SIGNATURE: *Orlando Pena* **Orlando Pena** 4-29-04- **4-29-04-** (305) 822-1010-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #