2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM DOCUMENT # M33801 **Secretary of State** 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 No Chg-P 03072006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2684124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ought aphraiceath) georal Charle (Salay Sheatan 1996) an air ag sa an airteigh an air Fee Required 6. Name and Address of Current Registered Agent PENA, ORLANDO DO NOT WRITE 7551 WEST 4TH AVENUE HIALEAH, FL 33014 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000474735 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 04/04/06-80035-015 150.00 10. OFFICERS AND DIRECTORS TITLE PENA, ORLANDO NAME STREET ADDRESS 7551 WEST 4TH AVENUE CITY-ST-ZIP HIALEAH, FL 33014 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP 7177.E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information complied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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:

STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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