## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M36773

1. Entity Name LADY DI'S UPHOLSTERY, INC.



**FILED** Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

281 E COMMERCIAL BV FORT LAUDERDALE, FL 33334 Mailing Address

281 E COMMERCIAL BV FORT LAUDERDALE, FL 33334



01272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2721305 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, DIANE

## DO NOT WRITE

FORT LAUDERDALE, FL 33334			IN THIS SPACE				
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 required when reinstating)  DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, DIANE 3514 NW 10TH AVE. OAKLAND PARK, FL			. •			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000006520 03/12/07-8000	(30 12-007 150), 1	30
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	ΤE	. '
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					. '	•	

12. I hereby certify that the information supplied 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP