

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 002 ***150.00

DOCUMENT # M92105 1. Entity Name CENTRAL FURNITURE CORPORATION					
Principal Place of Business 5425 W 27TH LN 4848 E 11 AVE HIALEAH, FL 33016 HIALEAH, FL 33016				Mailing Address 5425 W 27TH LN 4848 E 11 AVE HIALEAH, FL 33016 HIALEAH, FL 33016	
2. Principal Place of Business - No P.O. Box # _____				3. Mailing Address _____	
Suite, Apt. #, etc. _____				Suite, Apt. #, etc. _____	
City & State _____				City & State _____	
Zip _____		Country _____		Zip _____	
Country _____		Country _____		4. FEI Number 65-0067395	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARVAJAL, ROBERTO 4848 EAST 11 AVE. HIALEAH, FL 33013 <div style="text-align: center; margin-top: 10px;"><u>DELETE</u></div>				7. Name and Address of New Registered Agent Name: JORGE CARVAJAL Street Address (P.O. Box Number is Not Acceptable): 4848 EAST 11 AVE City: HIALEAH FL Zip Code: 33012	
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: <u>JORGE CARVAJAL</u> JORGE CARVAJAL (PRESIDENT) 03/19/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CARVAJAL, ROBERTO 4848 EAST 11 AVE. HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/S/D JORGE CARVAJAL 4848 EAST 11 AVE HIALEAH, FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD CARVAJAL, JORGE 5425 W 27TH LN HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>JORGE CARVAJAL</u> JORGE CARVAJAL 03/19/07 805-688-3888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					