M92105

(Re	equestor's Name)								
•	,	•							
(Ad	ldress)								
(Ad	ldress)								
(Cit	ty/State/Zip/Phone	o #1)							
(Oity/State/ZID/Filone #)									
PICK-UP	MAIT	MAIL							
(Bu	isiness Entity Nar	ne)							
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(Do	cument Number)								
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Certified Copies	_ Certificates	s of Status							
Special Instructions to	Filing Officer:								
		,							

Office Use Only



800104739188



06/22/07--01056--002 **70.00



COVER LETTER

O: Amendment Section Division of Corporations
UBJECT: CENTRAL FURNITURE CORP.
(Name of corporation)
OCHMENT NUMBER. M92105
he enclosed Statement of Change of Registered Office/Agent/and fee are submitted for filing. \$70.
lease return all correspondence concerning this matter to the following:
MARTA SILVA
(Name of contact person)
CENTRAL FURNITURE CORP
(Firm/Company)
4848 East 11 AVE (17)
(Address)
City/state and zip code)
` · ·
or further information concerning this matter, please call: MARTA SILVA
at (786) 443-0567
(Name of contact person) (Area code & daytime telephone number)
nclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitte	ctions 607.0502, 61 d for a corporation registered office or	organized w	nder the laws	of the State of _	FLOR	this IDA	_
1. The name of the	ne corporation:	CENTRAL FU	RNITURE	CORPORAT	ION			
		4848 EAST						
ar are principal office decressing		HUALEAH, F					,	
3. The mailing ac	ddress (if differ	rent):						
4. Date of incorp	oration/qualific	cation: Augus	t 2, 19	Socument nur	mber: M921	٥5		
	street address	of the current regist						
	JORGE C	ARVAJAL				_		
\rightarrow	4848 EA	ST 11 AVE			-	=	6)	
14	HIALEAH	, FL 33013	,			SECR ALLA	C 1003	المدارسين المدارسين
6: The name and (if changed):	street address	of the new registere	ed agent (if c	nanged) and /d	or registered off	ETARY O	ÿL -2 1	
•	MARTA S	ILVA	····			- [2]	PHI	
	4848 EA	ST 11 AVE)RIC	12: 32	
	HIALEAH	(P.O. Box NOT ac , FL 33013	ceptable)			- <u>p</u>	19	
The street addre	ss of its regist be identical.	ered office and the	street addre	ss of the busi	ness office of i	ts registe	red age	nt,
Such change wa authorized by	s authorized b	y resolution duly a corporation has b	dopted by it een notified	s board of dir in writing of	ectors or by an the change.	officer :	so	
Signatu	re of an officer or d	rector)	MÁR		(PRESID)			
<i>y</i>		nt as registered ag the provisions of a r with and accept t to reflect a chang in writing of this c	ent and agr ill statutes r he obligatio e in the regi hange.	•	• •	-	erforma Or, if m that	nce this the
Me	luc		, Ţ	une 15,	2007			•
(Sig	nature of Registere	d Agent)			(Date)	•		- ,
If signing on be	half of an enti	ty:				•		
MARTA S	ILVA							
(1	yped or Printed Na	me)	-					

* * * FILING FEE: \$35.00 * * *