07/27/2005 10:13 3052792544 OSCAR DURANZA

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Aug 01, 2005 8:00 am
Secretary of State
08-01-2005 90025 043 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000009063

1. Entity Name
CUSTOM DESIGNED FURNITURE INC.

Principal Place of Business	Mailing Address
9506 SO. RED ROAD MIAMI, FL 33156	9506 SO. RED ROAD MIAMI, FL 33156

50058808

07282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7417 N.W. 7 Street Suite, Apt. #, etc.	7417 N.W. 7 Street Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country: U.S.	Zip: 33126 Country: U.S.

4. FEI Number: 65-0977669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OESTERLE, DOUGLAS W 9506 SO. RED ROAD MIAMI, FL 33156	Name: Noel Pineda Street Address (P.O. Box Number is Not Acceptable): 7417 N.W. 7 Street City: MIAMI FL Zip Code: 33126

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] Noel Pineda 7-28-05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS ~~$180.00~~ $58.75
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTRO, CARLOS M 9506 SO. RED ROAD MIAMI, FL 33156	☒ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINEDA, NOEL 9506 SO. RED ROAD MIAMI, FL 33156	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Noel Pineda 7-28-05 305-261-5163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #