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Apr

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90309 033 ***150.00

DOCUMENT # P00000024518			
1. Entity Name D & D DOORS & FURNITURE INC.			
Principal Place of Business 11510 SW 92 STREET MIAMI FL 33176 US		Mailing Address 2828 CORAL WAY SUITE 300 MIAMI FL 33145 US	
2. Principal Place of Business 1769 BLOUNT RD.		3. Mailing Address	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.	
City & State POMPANNO BEACH, FL		City & State	
Zip 33069	Country USA	Zip	Country
4. FF# Number 65-1034952		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLANO, DANIEL F 2828 CORAL WAY STE. 300 MIAMI FL 33145		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
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 Florida Application (NOTE: Registered Agent signature required when constituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 SOLANO, DANIEL F 9098 N.W. 40TH STREET CORAL SPRING FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRENTE, MARGARITA 9098 N.W. 40TH STREET CORAL SPRING FL 33065 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRENTE, DOMINGO 9098 N.W. 40TH STREET CORAL SPRING FL 33065 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>1/21/04</u>		4/21/04 954 971 9786	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	