


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90174 003 ***150.00

DOCUMENT # P00000029529 1. Entity Name REFINISH-FURNITURE, INC.			
Principal Place of Business 4332 SW 73 AVENUE MIAMI, FL 33155		Mailing Address 4332 SW 73 AVENUE MIAMI, FL 33155	
2. Principal Place of Business 24199 Golden Eagle Ln Suite, Apt. #, etc.		3. Mailing Address 24199 Golden Eagle Ln Suite, Apt. #, etc.	
City & State Bonita Spring, FL Zip 34135		City & State Bonita Spring, FL Zip 34135	
4. FEI Number 65-0994412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, MANUEL ARTURO SR SR 4332 SW 73 AVE MIAMI, FL 33155 24199 Golden Eagle Ln Bonita Spring FL 34135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <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, 2006 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 PD	NAME CRUZ, MANUEL ARTURO SR.	TITLE NAME	STREET ADDRESS CITY - ST - ZIP
STREET ADDRESS 10774 SW 144 TERR.	CITY - ST - ZIP MIAMI, FL 33106	CITY - ST - ZIP	CITY - ST - ZIP
TITLE VD	NAME ARIAS, EDALIA	TITLE NAME	STREET ADDRESS CITY - ST - ZIP
STREET ADDRESS 13774 SW 144 TERR.	CITY - ST - ZIP MIAMI, FL 33186	CITY - ST - ZIP	CITY - ST - ZIP
TITLE NAME	STREET ADDRESS CITY - ST - ZIP	TITLE NAME	STREET ADDRESS CITY - ST - ZIP
STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
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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>Edalia Arias</u>		<u>04-17-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	