03/11/2005 10:14 FAX 5617401063 JOHN_PORTER_ACCOUNT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90102 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000050032

1. Entity Name
FLORES CUSTOM FURNITURE, INC.

50025622

Principal Place of Business	Mailing Address
6001 GEORGIA AVENUE BAYS 8&9 WEST PALM BEACH, FL 33405	6001 GEORGIA AVENUE BAYS 8&9 WEST PALM BEACH, FL 33405

03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 7087
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: W.P.B.
Zip / Country	Zip: 33405 Country: US

4. FEI Number: 65-1006706 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
~~JOHN PORTER ACCOUNTING INC~~
1403 W ~~BOYNTON BEACH~~ BLVD #9
BOYNTON ~~BCH~~, FL ~~33426-0~~

7. Name and Address of New Registered Agent
Name:
Street Address: John Porter Accounting
400 S. Federal Hwy. • Suite 404
City: Boynton Beach, FL 33435 FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D FLORES, ARNOLD 6001 GEORGIA AVENUE BAYS 8&9 WEST PALM BEACH, FL 33405 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ 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: [signature] 03/11/05 561-585-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #