

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050465

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: COLCHONERIA DON EMILIO, INC.

**Current Principal Place of Business:**

821 NW 42ND AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7344 SW 82ND ST.  
SUITE C-116  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-1010643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOKMAJI, CHARLI  
7330 SW 82 STREET  
B-117  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DOKMAJI, RIZKALLAH  
Address: 7330 SW 82 STREET #B-117  
City-St-Zip: MIAMI, FL 33143

Title: VSD ( ) Delete  
Name: DOKMAJI, CHARLI  
Address: 7330 SW 82 STREET #B-117  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLI DOKMAJI

VSD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date