2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000059377

1. Entity Name

MADE IN THE SHADE FURNITURE, INC.

Principal Place of Business	Mailing Address
330 NW 32ND COURT OAKLAND PARK, FL 33309	330 NW 32ND COURT OAKLAND PARK, FL 33309

DO NOT WRITE IN THIS SPACE

04102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1000334	Not Applicable

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

6. Name and Address of Current Registered Agent

BUITRON, DAVID A
330 NW 32ND COURT
OAKLAND PARK, FL 33309

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000893782 04/24/08-80001-023 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	BUITRON, DAVID A	
STREET ADDRESS	330 NW 32ND COURT	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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IN THIS SPACE

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: _____ 7/11/08   954-563-6617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #