


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000063644 1. Entity Name CUSTOM UPHOLSTERY BY MABEL INC.	
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Principal Place of Business 125 N. CONGRESS AVE. BAY 11 DELRAY BEACH, FL 33445	Mailing Address 125 N. CONGRESS AVE. BAY 11 DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1042863	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

**CASTELLANO, MABEL
6135 LA VIDA TERRACE
BOCA RATON, FL 33433**

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IN THIS SPACE**

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 restate) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLANO, MABEL 6135 LA VIDA TERRACE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTELLANO, JOSEPH 6135 LA VIDA TERRACE BOCA RATON, FL 33433
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UD00000415113
02/11/06-80066-015 158.75

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: Mabel Castellano **1/20/06** **(561) 274-4749**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #