

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000068721

1. Entity Name
AIRPORT FURNITURE DESIGN, INC.



Principal Place of Business
**7125 NW 6 AVE.
MIAMI, FL 33150**

Mailing Address
**3090 SW 18TH STREET
MIAMI, FL 33145**

FILED
Mar 21, 2007 08:00 AM
Secretary of State



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025075	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

**AGUILA, PORFIRIO
3090 SW 18TH STREET
MIAMI, FL 33145**

**DO NOT WRITE
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 renewing)

DATE

305-754-6114

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000674613
03/29/07-80078-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUILA, PORFIRIO
STREET ADDRESS	3090 SW 18TH STREET
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	D
NAME	AGUILA, OMAR
STREET ADDRESS	325 SW 30 AVE.
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

305-754-6114

Daytime Phone #