100		SS REPORT (		70/29	FILE	D	
DOCUMENT #		0008058		03 MAY 19 AM 10: 01			
i. Littly wante					SECRETAIN (	DE STATE	
Nobsa's Furniture Des	ign, Inc				SEORETANN ( TALLAHASSEE,	"FLORIDA	
DO N	AT WEITI	E IN THIS S	DACE		•		
			, ,,,,,,	20		7142	
2. Principal Place of Business 218 N.W. 1st Avenue		3. Mailing Address	02/53/	'030107402	15 **3UU.UU		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Hallandale, FL		City & State		4. FEI Number 65-1035645		Applied For Not Applicable	
Zip	Country	Zip	Country		te of Status Desired	\$8.75 Additiona	
33009		.)	7. Nar	ne ând Add	ress of Current R		
_			Name Daniel Mende				
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)				
	N THIS SF	PACE	218 N.W. 1st Avenue				
			City	· · · · · · · · · · · · · · · · · · ·		Zip Code	
8. The above named	l entity submits this s	statement for the purpo	Hallandale se of changing its regi	stered office	_	<del></del>   33009	
State of Florida. I	am familiar with, and	accept the obligations	of registered agent.		-9		
SIGNATURE	ure, typed or printed name	of registered agent and title if	applicable (NOTE Regis	tered Agent sign	nature required when rein	nstating) DATE	
January 1	- May 1 Fee is \$150	00	deprisorie. (17012. Regio				
Ameno	ay 1, Fee is \$550.00 ded UBR is \$61.25			,	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	
Make Check Payable 10.	OFFICERS A	nent of State   ND DIRECTORS	11,				
TITLE NAME	PVTS D Mendez, Daniel		TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	218 N.W. 1st Avenu Hallandale, FL 3300		STREET ADDRES CITY-ST-ZIP	s			
TITLE	Transfer, 12 ooot		TITLE				
NAME STREET ADDRESS			NAME STREET ADDRES	s			
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NÀME			NAME		in this	SPACE	
STREET ADDRESS CITY-ST-ZIP	<u> </u>	·	STREET ADDRES CITY-ST-ZIP	5			
TITLE NAME			TITLE NAME				
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TITLE NAME		<u> </u>	TITLE				
STREET ADDRESS			NAME STREET ADDRES	s			
CITY-ST-ZIP  12. I hereby certify that t	he information supplied	d with this filing does not o	CITY-ST-ZIP ualify for the exemption s	stated in Secti	on 119.07(3)(i), Flori	da Statutes, I further	
certify that the inform as if made under oat	nation indicated on this	report or supplemental re or director of the corporation	port is true and accurate on or the receiver or trust	and that my s	ignature shall have the	he same legal effect	
		name appears in Block 10					
SIGNATURE:	1 AAR	Dessident			E14E10000	054.704.444	
SIGNATURE: SIGN	TURE AND TYPED O	President R PRINTED NAME OF S	GNING OFFICER OR D	IRECTOR	5/15/2003 Date	954-724-4141 Daytime Phone #	

19		SS REPORT (		7			
DOCUMENT # 1. Entity Name		0080582	<del>'                                    </del>				
Nobsa's Furniture Des	sign, Inc						
DO N	OT WRITI	E IN THIS S	PACE				
2. Principal Place of Business 3. Mailing Addr				1			
218 N.W. 1st Avenue Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Outle, Apr. #, etc.		Odito, 7-pt. 11, etc.		BONOT WITE IN THIS STATE			
City & State Hallandale, FL		City & State		4. FEI Number 65-1035645	Applied For Not Applicable		
Zip 33009	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additiona Fee Required		
			7. Na	me and Address of Current Regis	tered Agent		
DO NOT WRITE			Name Daniel Mendez Street Address (P.O. Box Number is Not Acceptable)				
•							
			City	FL	Zip Code		
				istered office or registered agent, or	both, in the		
State of Florida. I	am familiar with, and	accept the obligations	of registered agent.				
SIGNATURE			ANOTE: Desi		- BITE		
January 1 After M	- May 1 Fee is \$150 ay 1, Fee is \$550.00 ded UBR is \$61.25		applicable. (NOTE. Regi	Stered Agent signature required when reinstating     Bettion Campaign Financing	\$5.00 May Be		
Make Check Payable	e to Florida Departr			Trust Fund Contribution.	Added to Fees		
10. TITLE	OFFICERS A	ND DIRECTORS	11.		enentimentaren hittiorea		
NAME	Mendez, Daniel		NAME				
STREET ADDRESS	218 N.W. 1st Avenu		STREET ADDRES	s l			
CITY-ST-ZIP TITLE	Hallandale, FL 330	09	CITY-ST-ZIP TITLE				
NAME		man in a management of the con-	NAME				
STREET ADDRESS			STREET ADDRES	is .			
<u> CITY-ST-ZIP</u> TITLE			CITY-ST-ZIP TITLE				
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NAME			NAME	IN THIS SP	AUE		
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TITLE			TITLE				
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	35			
	the information supplied	with this filing does not o		stated in Section 119.07(3)(i), Florida St	atutes. I further		
certify that the inform	nation indicated on this	report or supplemental re	port is true and accurate	and that my signature shall have the sa	me legal effect		
as if made under oa	tn; that I am an officer (	or director of the corporation	on or the receiver or trus	stee empowered to execute this report as th an address, with all other like empower			

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2003

Date

954-724-4141

Daytime Phone #

## ATTACHMENT P000000 80582

## CBS FINANCIAL, CPA, PA

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

May 15, 2003

Florida Department of State Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Nobsa's Furniture Design, Inc.

Form:

2001 Uniform Business Report

Document #: `

P00000080582

Dear Madam/Sir,

During our review of the taxpayer records, it was discovered that they never received the Florida's 2002 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved again for economic reasons and has a new mailing address.

Please find enclosed properly completed 2002 and 2003 Uniform Business Report and a check payable to the Florida Department of State in the amount of \$300.00.

Please abate any late filing fees or other penalties. Nobsa's Furniture Design, Inc. did not intended to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,

Eurs A. Escobar, Jr., CPA

Encl.: 2002 and 2003 Uniform Business Report

Cc.: Nobsa's Furniture Design, Inc.