2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 01, 2006 08:00 AN Secretary of State

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1. Entity Name STATUS-QUO CUSTOM FURNITURE & ACCESSORIES, INC.



Principal Place of Business

1855 GRIFFIN RD., STE, C-366 DANIA, FL 33004

Mailing Address

1855 GRIFFIN RD., STE. C-366 DANIA, FL 33004



04282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1033207

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, WILBERT

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	. 45 TERRACE T CREEK, FL 33073		IN THIS SPACE					
	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and tide i	Yappitable (NOTE Registered	Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		'				
NAME STREET ADDRESS CITY ST-ZIP	PSTD DELGADO, WILBERT 6007 N.W. 45 TERR. COCONUT CREEK, FL 33073							
TITLE NAME STREET ADDRESS CITY ST-ZIP	V DELGADO, MARIA TERESA 6007 NW 45 TERRACE COCONUT CREEK, FL 33073				U00000553845 05/15/06-80069-006 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
THTLE NAME STREET ADDRESS CITY+ST-ZIP								
12. I hereby of	pertify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exer	nptions cor	itained in Chapter 119	Florida Statutes. I further certify that the information it 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 allidress, with all other tike empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR