

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000081479**

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**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
6007 N.W. 45 TERRACE  
COCONUT CREEK, FL 33073**

**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 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

**U000000908225  
05/06/08-80021-008 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	DELGADO, WILBERT
STREET ADDRESS	6007 N.W. 45 TERR.
CITY- ST- ZIP	COCONUT CREEK, FL 33073
TITLE	V
NAME	DELGADO, MARIA TERESA
STREET ADDRESS	6007 NW 45 TERRACE
CITY- ST- ZIP	COCONUT CREEK, FL 33073
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

**WILBERT DELGADO 04/18/08 921-4181**

Date

Daytime Phone #

**(954)**