

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 020 ***150.00

DOCUMENT # P0000088631 1. Entity Name FIVE FURNITURE, INC.			
Principal Place of Business 5521 W HILLSBOROUGH TAMPA, FL 33634		Mailing Address 5521 W HILLSBOROUGH TAMPA, FL 33634	
2. Principal Place of Business - No P.O. Box # 8601 N. NEBRASKA AVE.		3. Mailing Address P.O. BOX 260144	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33604		Zip 33685	
Country U.S.		Country U.S.	
4. FEI Number 59-3688348		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 MARTINEZ, MARIO 5521 W HILLSBOROUGH AVE TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME MARTINEZ, MARIO STREET ADDRESS 5521 W HILLSBOROUGH AVE CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
TITLE 	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE 	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Mario Martinez</i> MARIO MARTINEZ		3-28-07 813-240-3133 <small>Date Daytime Phone #</small>	