2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# P01000008933

Entity Name: STEEL WOOD FURNITURE BY DESIGN, INC.

Current Principal Place of Business:

11810 NW 33RD STREET
SUNRISE, FL 333231226 US

New Principal Place of Business:

1535 SANDPIPER CIRCLE
WESTON, FL 33327 US

Current Mailing Address:

11810 NW 33RD STREET
SUNRISE, FL 333231226

New Mailing Address:

1535 SANDPIPER CIRCLE
WESTON, FL 33327 US

FEI Number: 65-1071661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SAADON, TZFANIA BEN
Address: 11810 NW 33RD STREET
City-St-Zip: SUNRISE, FL 333231226

Title: D (X) Delete
Name: GIVON, NIR
Address: 11810 NW 33RD STREET
City-St-Zip: SUNRISE, FL 333231226

Title: D (X) Delete
Name: GIVON, ORNA
Address: 11810 NW 33RD STREET
City-St-Zip: SUNRISE, FL 333231226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SAADON, TZFANIA BEN
Address: 1535 SANDPIPER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZVI RAFILOVICH, CPA RA 02/12/2008

Electronic Signature of Signing Officer or Director — Date