


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000015564	
1. Entity Name MAHOGANY FURNITURE OUTLET, INC.	

Principal Place of Business 5574 SW 8 STREET CORAL GABLES, FL 33134	Mailing Address 5574 SW 8 STREET CORAL GABLES, FL 33134
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04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1078934	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 REYES, IBRAHIM 5574 SW 8 STREET CORAL GABLES, FL 33134
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**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 Ibrahim Reyes (NOTE: Registered Agent signature required when reinstating) DATE 04/12/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD REYES, IBRAHIM 5574 SW 8 STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REYES, IBRAHIM 5574 SW 8 STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REYES, EDELSA 5574 SW 8 STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/05-80026-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ibrahim Reyes IBRAHIM REYES 04-12-05 305.444.3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #