
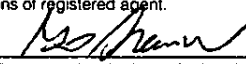
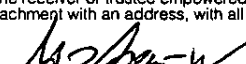


FILED  
Jan 26, 2006 8:00 am  
Secretary of State

01-26-2006 90045 042 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000019350			
1. Entity Name PARK FURNITURE OF THE PALM BEACHES, INC.			
Principal Place of Business <del>2230 JGG ROAD</del> GREENACRES CITY, FL 33415		Mailing Address <del>2230 JGG ROAD</del> GREENACRES CITY, FL 33415	
2. Principal Place of Business 6400 LAKE WORTH ROAD Suite, Apt. #, etc.		3. Mailing Address 6400 LAKE WORTH ROAD Suite, Apt. #, etc.	
City & State LAKE WORTH, FLA.		City & State LAKE WORTH, FLA.	
Zip 33463	Country USA	Zip 33463	Country USA
6. Name and Address of Current Registered Agent ISASI, GABRIEL 2230 JGG ROAD WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name: GABRIEL ISASI IV Street Address (P.O. Box Number is Not Acceptable): 1409 CARIBBEAN ROAD E. City: LAKE CLARKE SHORES FL Zip Code: 33406	
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:  DATE: 1-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P ISASI, GABRIEL 2230 JGG ROAD GREENACRES CITY, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ISASI IV GABRIEL 1409 CARIBBEAN ROAD E. LAKE CLARKE SHORES, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		GABRIEL ISASI IV 1-15-06 (SBI) 966-9966	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

60006633



01132006 Chg-P CR2E034 (11/05)