

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000019350		
1. Entity Name PARK FURNITURE OF THE PALM BEACHES, INC.		
Principal Place of Business 6400 LAKE WORTH RD LAKE WORTH, FL 33463		Mailing Address 6400 LAKE WORTH RD LAKE WORTH, FL 33463
DO NOT WRITE IN THIS SPACE		
		
01052007 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-1093041		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		
GABRIEL, ISASI IV 1409 CARIBBEAN RD E. LAKE CLARKE SHORES, FL 33406		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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 1-12-07 <small>(NOTE: Registered Agent signature required when reinstating)</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		U000000591890 01/18/07-89036-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GABRIEL, ISASI IV 1409 CARIBBEAN RD E. LAKE CLARKE SHORES, FL 33406	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1-12-07 DAYTIME PHONE # (561) 966-9966