4/1/02

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-01-2002 90015 034 ***150.00

DOCUMENT # P01000039941

1. Entity Name
MY HOUSE FURNITURE, INC.

Principal Place of Business	Mailing Address
2613 N. FEDERAL HIGHWAY DELRAY BEACH FL 33483	2613 N. FEDERAL HIGHWAY DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
285 SE 6th Ave	285 SE 6th ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach	City & State: Delray Beach
Zip: 33483 Country: PBC.	Zip: 33483 Country: PBC.

4. FEI Number 65-1094583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARAMAGLIA, ANTONIO 2613 N. FEDERAL HIGHWAY DELRAY BEACH FL 33483	Name: Antonio Caramaglia Street Address (P.O. Box Number is Not Acceptable): 285 SE 6th ave City: Delray Beach FL Zip Code: 33483

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.

SIGNATURE: _____ DATE: 02/02/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATAMAGLIA, ANTONIO 13 NE 12TH STREET DELRAY BEACH FL 33444	☐ Delete	D Catamaglia, Antonio 285 SE 6th Ave. Delray Bch FL 33483	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOLARI, ROBERTO 3280 N W 34TH PL., APT. 902 SUNRISE FL 33351	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] ANTONIO CARAMAGLIA 02/02/02 561-276-3133
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #