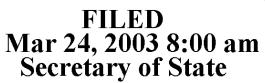
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT



1. Entity Name J.D.M. FURNITURE, INC,				03-24-2003 90226 010 ***150.00
Principal Place of Business 701 N.W. 27TH AVENUE MIAMI FL 33126		Mailing Address 701 N.W. 27TH AVENUE MIAMI FL 33126		
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_
City & State		City & State		CHECK HERE IF MAKING CHANGES
Zip Country		Zip	T and	4. FEI Number APPLIED FOR Applied For Not Applicable
		, i	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent
Patino, dora c 701 n.w. 27th avenue			Street Addres	s (P.O. Box Number is Not Acceptable)
MIAMI FL	·			
•			City	Zip Code
8. The abov	e named entity abmits this statemations of registered agent.	ent for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. {NOT	E: Registered Agent signature requi	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00 ent of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. TITLE	PSTD :	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PATINO, DORA C 701 N.W. 27TH AVENUE MIAMI FL 33126	□ Defete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	الرايات المستقد المالية	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	

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

Daytime Phone #