

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90018 027 \*\*\*150.00

DOCUMENT # P01000072009		
1. Entity Name WOODGROVE FURNITURE, INC.		

Principal Place of Business 14303 S DIXIE HWY MIAMI, FL 33176	Mailing Address 14303 S DIXIE HWY MIAMI, FL 33176
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40077498



2. Principal Place of Business - No P.O. Box # <b>13250 SW 87TH AVE</b>	3. Mailing Address <b>13250 SW 87TH AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202008 Chg-P CR2E034 (12/06)

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33176</b>	Zip <b>33176</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number 65-1121696	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CONESA, RENE 16115 SW 89TH PLACE MIAMI, FL 33157	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONESA, RENE 16115 SW 89TH PLACE MIAMI, FL 33157 <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: *R. Conesa* 04/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #