## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000080478 05-01-2006 90425 013 \*\*\*150.00 1. Entity Name AMERICAN CONTRACT FURNISHINGS, INC. Principal Place of Business Mailing Address PO BOX 643733 1601 N 22 COURT POMPANO BEACH, FL 33062 VERO BEACH, FL 32964 US 2. Principal Place of Business 3. Mailing Address 205 Highland Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For VERO Bea 65-1130066 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GANDOM, SAEED GANDOMI, SAEED 1601 N 22 COURT POMPANO BEACH, FL 33062 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. Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. # Addrass change only ☐ Delete TITLE GANDOM, SAED NAME NAME POBOX 643733 PO OBX 5692 STREET ADDRESS STREET ADDRESS UERO Beach CITY-ST-ZIP LH P, FL 33074 CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Channe ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 01, 2006 8:00 am Secretary of State

Daytime Phone I