

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115747

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** FURNITURE PACKAGES USA INC.

**Current Principal Place of Business:**

2440 TESORO CT  
KISSMMEE, FL 34744

**New Principal Place of Business:**

911 N MAIN ST  
2  
KISSMMEE, FL 34744

**Current Mailing Address:**

2440 TESORO CT  
KISSMMEE, FL 34744

**New Mailing Address:**

911 N MAIN ST  
2  
KISSMMEE, FL 34744

**FEI Number:** 95-4893501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPERENA, HIPOLITO  
2440 TESORO CT  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HIPOLITO, LOPERENA  
Address: 2440 TESORO CT  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HIPOLITO, LOPERENA  
Address: 911 N. MAIN ST  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** HIPOLITO LOPERENA

P

02/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date