	FILED May 01, 2008 8:00 a Secretary of State	
INTERNATIONAL FURNITURE IMPORT, INC.	08 90211 044 ***1	
3625 A S. DALE MABRY HWY       3625 A S. DALE MABRY HWY         TAMPA, FL 33629       TAMPA, FL 33629         2. Principal Place of Business - No PO. Box #       3. Mailing Address		
I You Z. Auenue Bayonnes 19012 Herewe Bayonnes 0       9012 Herewe Bayonnes 0       9010 April #, etc.       03242008       Chg-P         Suile, Apr. #, etc.       03010 Apr. #, etc.       03242008       Chg-P         City & State       Country       Zip       03-0387076         Zip       Country       Zip       Country       S. Certificate of Status Desire         6. Name and Address of Current Registered Agent       Name and Address of Ne       Name and Address of Ne         3625 A S. DALE MABRY HWY       Street Address (P.O. Box Number is Not Accept       Chy         10 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or the obligations of registered agent.       Name and Address TP.O. Box Number is Not Accept         10 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or the obligations of registered agent.       Intel State State State State State Agent segnature registered agent, or both, in the State or the obligations of registered agent.         INCINATIONE       Street Address State State State State Agent segnature registered agent registered agent.         INCINATIONE       Street Address State Sta		
Lutz       FL       Lutz       FL       03-0387076         Zip       Zip       Country       3.55%       Country       5. Certificate of Status Desire         3.3.55%       US       5. Certificate of Status Desire       S. Certificate of Status Desire         6. Name and Address of Current Registered Agent       7. Name and Address of New Status Desire       Name         SUIRGUIS, MOHEB A       Street Address (P.O. Box Number is Not Accept       City         D The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the obligations of registered agent.       Not Recept         Street Address (P.O. Box Number is Not Accept       City       Street Address (P.O. Box Number is Not Accept         D The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the obligations of registered agent.       (MCTE Registered Agent standard)         Street Advert standard       9. Election Campaign Financing       \$5.00 May Ba       Added to Fees         Riter May 1, 2008 Fee will be \$550,00       9. Election Campaign Financing       \$5.00 May Ba       Added to Fees         Internations       GUIRGUIS, MOHEB A       Delete       Inte       Name         Street Address       Difficers AND DIRECTORS       11.       ADDITIONS/CHANGES TO C	CR2E034 (12/06	
Zip       Country       Zip       Country       3355%       Country       5. Certificate of Status Desire         6. Name and Address of Current Registered Agent       7. Name and Address of New       Name       Name         GUIRGUIS, MOHEB A       3355%       Name and Address of New       Name       Street Address of New         GUIRGUIS, MOHEB A       Street Address (P.O. Box Number is Not Accept       Name       Street Address (P.O. Box Number is Not Accept         b: The above named entity submits this statement for the purpose of changing its registered office or registered agent.       City         b: The above named entity submits this statement for the purpose of changing its registered Agent signature reavied when reinstang)       Street Address (P.O. Box Number is Not Accept         BiGNATURE       Spetiare Agent       (NOTE: Registered Agent signature reavied when reinstang)         Street May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$5.00 May Be         IIILE       QUIRGUIS, MOHEB A       IIIL       Make         IIILE       GUIRGUIS, MOHEB A       IIIL       Make         IIILE       QUIRGUIS, MOHEB A       IIILE       Make         IIILE       QUIRGUIS, MOHEB A       IIIL       Make		Applied For
Statistics     City       6. Name and Address of Current Registered Agent     7. Name and Address of Name       GUIRGUIS, MOHEB A - 3025 A S. DALE MABRY HWY TAMPA, FL 33629     Name       B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or the obligations of registered agent.     City       B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or the obligations of registered agent.     (NOTE Regeleted Agent sprature registered agent, or both, in the State or Trust Fund Contribution.       SIGNATURE     Signature, head or innied name of registered agent and the facebcable.     (NOTE Regeleted Agent sprature register end agent agent and the facebcable.       SIGNATURE     Signature, head or innied name of registered agent and the facebcable.     (NOTE Regeleted Agent sprature register end agent agent and the facebcable.       SIGNATURE     Signature, head or innied name of registered agent and the facebcable.     (NOTE Regeleted Agent sprature register end agent agent and the facebcable.       SIGNATURE     Guireguist, MOHEB A     Steet Address of Viried agent and the facebcable.     (NOTE Regeleted Agent sprature register end agent	H □ \$8.75 AG	
GUIRGUIS, MOHEB A - 3625 A S. DALE MABRY HWY       Street Address (P.O. Box Number is Not Accept City         B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of the obligations of registered agent.       City         B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the obligations of registered agent.       City         B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the obligations of registered agent.       (NOTE: Registered Agent streature registered agent, or both, in the State of the obligations of registered agent.         SIGNATURE	Fee Requir	ed
3625 A S, DALE MABRY HWY       Street Address (P.O. Box Number is Not Accept City         20       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or the obligations of registered agent.         3/2       Street Address (P.O. Box Number is Not Accept City         2/2       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or the obligations of registered agent.         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       Street Address (P.O. Box Number is Not Accept City         10       Origistered agent.         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       Street Address (P.O. Box Number is Not Accept City         3/2       City       Street Address (P.O. Box Number is Not Accept City         3/2       City (P.O. Box Number is Not Accept City (P.O. Box Number is Not		
City         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or the obligations of registered agent.         IGNATURE         Signature, typed of printed name of registered agent and life if applicable.       (NOTE: Registered Agent signature required when reinstainp)         File NOWIII FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$5.00 May Be         Mater May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$5.00 May Be         Make       GUIRGUIS, MOHEB A       Belete       ImLe         Make       Boltee       ImLe       MawE         NAME       SIREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         ILL       Make       Belete       ImLe       Make         INT-E TADRESS       CITY-ST-ZIP       ImLe       Make       SIREET ADDRESS         ITY-ST-ZIP       ImLe       Make	ble)	
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Ite obligations of registered agent.         IGNATURE         Signature. typed or printed name of registered agent and life if applicable.       (NOTE: Registered Agent signature required when reinstaing)         File NOWILI FEE IS \$150.00       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO CONTROL OFFICERS AND DIRECTORS         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO CONTROL OFFICERS         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO CONTROL OFFICERS         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO CONTROL OFFICERS         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO CONTROL OFFICERS         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO CONTROL OFFICERS         10.       BUIRGUIS, MOHEB A       Belete       ITTLE         MAME       SIREET ADDRESS       CITY-SI-2P       ITTAMPA, FL 33629         TAMPA, FL 33629       ITTLE       NAME       SIREET ADDRESS         ITT.SI-2P       IDelete       ITTLE       NAME         IREET ADDRESS       CITY-SI-2P       ITTLE       NAME         ITTE       NAME       SIREET ADDRESS	FL Zip Co	
ILE       P       Delete       ITTLE         AME       GUIRGUIS, MOHEB A       NAME         STREET ADDRESS       3625 A S. DALE MABRY HWYY       STREET ADDRESS         TAMPA, FL 33629       Delete       ITTLE         AME       Delete       ITTLE         AME       Delete       ITTLE         AME       Delete       ITTLE         AME       STREET ADDRESS       STREET ADDRESS         ITY - ST - ZIP       Delete       ITTLE         NAME       STREET ADDRESS       CITY - ST - ZIP         ILE       Delete       TITLE         NAME       STREET ADDRESS       CITY - ST - ZIP         ILE       Delete       TITLE         NAME       STREET ADDRESS       CITY - ST - ZIP         ITY - ST - ZIP       Delete       TITLE         NAME       STREET ADDRESS       CITY - ST - ZIP         ITY - ST - ZIP       Delete       TITLE         NAME       STREET ADDRESS       CITY - ST - ZIP         TLE       Delete       TITLE         NAME       STREET ADDRESS       CITY - ST - ZIP         TLE       Delete       TITLE         NAME       STREET ADDRESS       CITY - ST - ZIP		
IREET ADDRESS     3625 A S. DALE MABRY HWY     STREET ADDRESS       ITV-ST-ZIP     TAMPA, FL 33629     CITY-ST-ZIP       ITLE     Delete     ITLE       AME     STREET ADDRESS     CITY-ST-ZIP       ITV-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP       ITLE     Delete     TITLE       AME     STREET ADDRESS     CITY-ST-ZIP       ITV-ST-ZIP     Delete     TITLE       AME     STREET ADDRESS     STREET ADDRESS       ITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP       ITV-ST-ZIP     Delete     TITLE       AME     STREET ADDRESS     STREET ADDRESS       ITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP       ITLE     Delete     TITLE       NAME     STREET ADDRESS     STREET ADDRESS       ITY-ST-ZIP     CITY-ST-ZIP     CITY-ST-ZIP	Change	
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1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made unc of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my n changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:      August 1     Signature shall have the same legal effect as if made unc of signing officer or printed by Chapter 607, Florida Statutes; and that my n changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	er noth: that I am an office	or director