

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90320 026 \*\*\*150.00

**DOCUMENT # P02000024170**

1. Entity Name

THE FURNITURE & POTTERY GALLERY, INC.



Principal Place of Business  
7040 SW 95TH COURT  
MIAMI FL 33173

Mailing Address  
7040 SW 95TH COURT  
MIAMI FL 33173

66432084



MOORE CR2E034 (11/03)

EIN/FEI No: 30-0266842

Applied For  
Not Applicable

5. Certificates or Status Desired ☐ Additional Fee Required

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SANTIAGO, TANIA  
7040 SW 95TH COURT  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                                                  |                                                                  |                                 |
|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PSD<br>FORTE, FERNANDO A<br>7040 SW 95TH COURT<br>MIAMI FL 33173 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VTD<br>SANTIAGO, TANIA<br>7040 SW 95TH COURT<br>MIAMI FL 33173   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                  |  |                                                              |
|--------------------------------------------------|--|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like employment.

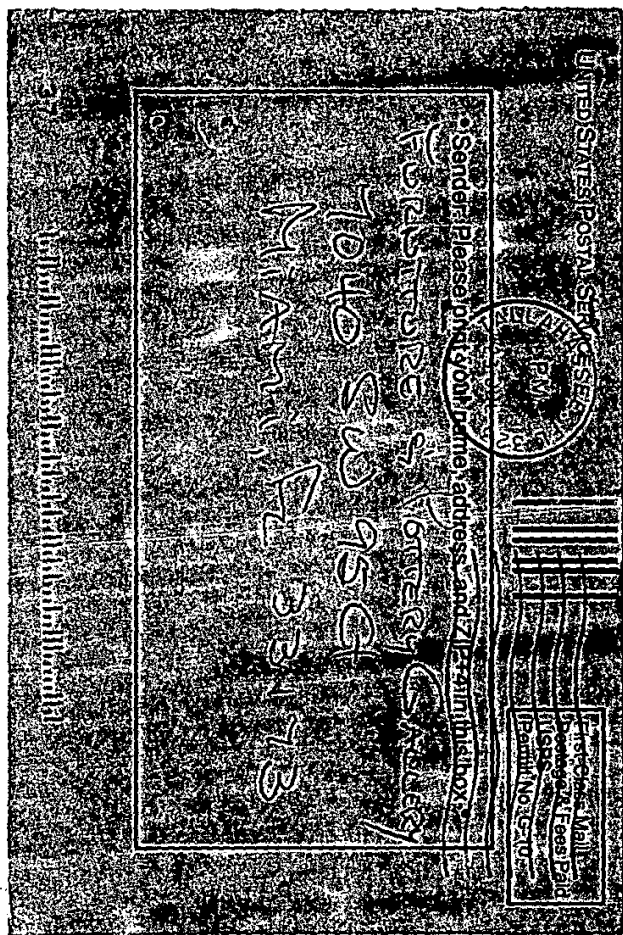
SIGNATURE:

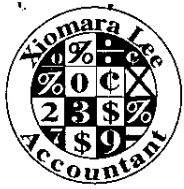
Tania Santiago

4/20/04 (305) 412-9303

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>SENDER: COMPLETE THIS SECTION</b></p> <p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<br/> <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br/> <input type="checkbox"/> Attach this card to the back of the envelope, or on the front if space permits.         </p> <p> <b>Article Addressed to:</b><br/> <b>DAMEN PETERSON</b><br/> <b>PO BOX 6850</b><br/> <b>MAULET, ALASKA 99561</b> </p> |  | <p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p> <b>A. Signature</b><br/> <input checked="" type="checkbox"/> X <input type="checkbox"/> Adult<br/> <input type="checkbox"/> X <input type="checkbox"/> Certified Mail         </p> <p> <b>B. Received by (Printed Name)</b><br/> <b>Damen Peterson</b> </p> <p> <b>C. Delivery address different from A?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO         </p> <p> <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Return Receipt         </p> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Attachment  
66432084  
# P02000024170





MEMBER OF AMERICAN SOCIETY  
OF WOMEN ACCOUNTANTS  
NATIONAL SOCIETY OF TAX PROFESSIONALS

*Attachment*

66432084  
#P02000024170

Florida Dept Of State  
Annual Reports Section  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, Florida 32314

August 12, 2004

**RE: The Furniture & Pottery Gallery Inc.**  
**EIN/FEI No: 30-0266842**

Gentlepersons:

Please be advised that the above named company, never received their EIN/FEI number, my office just called for said application number and given today.

As advised by your department to type the EIN number on box (4) and mail it to your office as soon as possible.

Thanking you for your cooperation in this matter.

*Xiomara Lee*  
XIOMARA LEE, P.A.

XL/cp

Attest 66432084

FERNANDO A. FORTE  
TANIA SANTIAGO  
7040 S.W. 95TH COURT  
MIAMI, FL 33173

#02000024170

DATE 4/12/04

658

63-27831 R  
827

PAY TO THE  
ORDER OF

FLORIDA DEPARTMENT OF STATES 150.00

- ONE HUNDRED AND FIFTY - DOLLARS

Bank of America

Premier Banking

ACH R/T 083100277

THE FURNITURE & POTTERY GALLERY

ANNUAL REPORT #02000024170

REPORT WAS FILED ON 4/26/04  
AND RECEIVED BY YOUR  
DEPARTMENT ON MAY 5, 2004

