

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90004 019 ***150.00

DOCUMENT # P02000025940 1. Entity Name MURRY'S PATIO FURNITURE, INC.					
Principal Place of Business 8015 NW 8ST APT A403 MIAMI, FL 33126			Mailing Address 8015 NW 8ST APT A403 MIAMI, FL 33126		
2. Principal Place of Business 13536 SW 9 LANE Suite, Apt. #, etc.		3. Mailing Address 13536 SW 9 LANE Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 04-3737937	
Zip 33184		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, MANUEL 8015 NW 8ST APT A403 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13536 SW 9 LANE City MIAMI FL Zip Code 33184	
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: <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, MANUEL 8015 NW 8ST APT A403 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13536 SW 9 LANE MIAMI FL 33184
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: X <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

40088782 Attachment
P02000025940

June 13, 2005

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DOC. # **P002000025940**

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2004, according to ours records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT