




2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025940 1. Entity Name MURRY'S PATIO FURNITURE, INC.				FILED 06 JAN -9 AM 11:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13536 SW 90 LANE MIAMI, FL 33184		Mailing Address 13536 SW 90 LANE MIAMI, FL 33184		 01062006 Chg-P CR2E034 (11/05)	
2. Principal Place of Business 8422 SW Suite, Apt., etc. HILLS DR. City & State 33183 MIAMI		3. Mailing Address 8422 SW Suite, Apt., etc. HILLS DR. City & State MIAMI FL.			
Zip 33183		Country US			
4. FEI Number 04-3737937		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, MANUEL 13536 SW 90 LANE MIAMI, FL 33184		7. Name and Address of New Registered Agent Name ADDRESS Change. Street Address (P.O. Box Number is Not Acceptable) 8422 SW Hills Dr City MIAMI FL Zip Code 33183			
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee 400064413944 01/25/06--01003--013 **150.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, MANUEL 13536 SW 90 LANE MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS Change 8422 SW Hills Dr. 33183 MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIAZ, MANUEL A 13536 SW 90 LANE MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS Change 8422 SW Hills Dr. 33183 MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(P) ROSA MARIA BULIF 8422 SW Hills Dr 33183 MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 