

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000055030

1. Entity Name
MISTER FURNITURE INC.



Principal Place of Business
**2466 WEST 60 ST.
HIALEAH, FL 33014**

Mailing Address
**2466 WEST 60 ST.
HIALEAH, FL 33014**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1415876

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGUIAR, ARLEY
2466 WEST 60 ST.
HIALEAH, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000359143
05/04/05-80143-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AGUIAR, ARLEY
STREET ADDRESS 2466 WEST 60 ST.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE VD
NAME DEVESA, YAMISEL
STREET ADDRESS 2466 WEST 60 ST.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 305
828 4050
Date Daytime Phone #