FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 16 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069215

1. Entity Name
THE Furniture Where House Co.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8242 NW 70 ST	8242 NW 70 STreet
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 75-3068842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jorge Ramos

Street Address (P.O. Box Number is Not Acceptable): 8242 NW 70 STreet

City: Miami FL Zip Code: 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

E-mail Address: GiselaCO@AOL.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	Brown, George R
STREET ADDRESS	8242 NW 70 ST
CITY-ST-ZIP	Miami, FL 33166
TITLE	PD
NAME	Ramos, Jorge E
STREET ADDRESS	8242 NW 70 STreet Miami, Fl 33166
CITY-ST-ZIP	
TITLE	VSD
NAME	DEL Valle Brown, Gisela
STREET ADDRESS	8242 NW 70 STreet
CITY-ST-ZIP	Miami, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 5/1/11 305 593-9787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #