


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000073282</b> 1. Entity Name <b>GOLD BELL FURNITURE, INC.</b>	
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Principal Place of Business <b>2885 S FEDERAL HWY DELRAY BCH, FL 33483</b>	Mailing Address <b>2885 S FEDERAL HWY DELRAY BCH, FL 33483</b>
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04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0734128</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CHONGSUKSURI, VISON 2885 S FEDERAL HWY DELRAY BCH, FL 33483</b>
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**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 date if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>CHONGSUKSURI, VISON 2885 S FEDERAL HWY DELRAY BCH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>CHONGSUKSURI, RAWEEWAN 2885 S FEDERAL HWY DELRAY BCH, FL 33483</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/07-80073-001 150.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-07 561-573-1876

Date

Daytime Phone #