



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000108142 1. Entity Name ORIENTAL HOME DEOCR AND FURNITURES, INC.		
Principal Place of Business 2183 US 27 N SEBRING, FL 33870	Mailing Address 2183 US 27 N SEBRING, FL 33870	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VELMONTE, BENJAMIN 3815 RAMIRO ST SEBRING, FL 33872		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REYES, JONATHAN 604 LEMON ST SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAMSON, ELSY 3801 STRONGFIELD DR ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VILLEGAS, ELISA 810 PICK FARM TERRACE LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTOS-VELMONTE, TERI 3815 RAMIRO STREET SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VELMONTE, BENJAMIN 3815 RAMIRO STREET SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9/1/06 (863) 314-9332 <small>Daytime Phone #</small>



09052006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0588078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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09/11/06-80003-012 300.00

**DO NOT WRITE
IN THIS SPACE**