2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90294 004 ***150.00

DOCUMENT # P02000115407

1. Entity Name
PREMIER FURNITURE DELIVERY SERVICE INC.

Principal Place of Business	Mailing Address
9033 NW 114TH TERRACE HIALEAH GARDENS, FL 33018	9033 NW 114TH TERRACE HIALEAH GARDENS, FL 33018

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8435 NW 32 AVE		8435 NW 32 AVE	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. n/a	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33147	Country USA	Zip 33147	Country USA

4. FEI Number 11-3660392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLANCO, LISET
9033 NW 114TH TERRACE
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name POLANCO LISET
Street Address (P.O. Box Number is Not Acceptable) 8435 NW 32 AVE
City MIAMI FL Zip Code 33147

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 ✗ 04/14/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	POLANCO, LISET	
STREET ADDRESS	9033 NW 114TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE	VP	☐ Delete
NAME	VELASQUEZ, MARCO	
STREET ADDRESS	9033 NW 114TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: ✗ 04/14/2005 (305)696-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #