2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P02000124312

Entity Name: PRICE RITE FURNITURE, INC.

Current Principal Place of Business:

3624 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3624 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 83-0342664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD, TROY
3624 W. BROWARD BLVD
FORT LAUDERDALE, FL 33312

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: ALLEN, ROSA
Address: 7335 CYPRESS DRIVE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: BAILEY, MARSHA
Address: 835 NW 200TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: MCLEOD, TROY
Address: 8484 SW 23RD COURT
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BAILEY, MARSHA
Address: 3624 W BROWARD BLVD
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D (X) Change ( ) Addition
Name: MCLEOD, TROY
Address: 3624 W BROWARD BLVD
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY MCLEOD D 04/24/2004

Electronic Signature of Signing Officer or Director — Date