2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empa MEMICO

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF

Secretary of State DOCUMENT # P03000003158 07-06-2004 90009 049 ***150.00 1. Entity Name D'LORENZO FURNITURE, INC. Principal Place of Business Mailing Address 44046752 5792 SW 8 ST 5792 SW 8 ST MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 43199117 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LORENZO, AMERICO Street Address (P.O. Box Number is Not Acceptable) 1750 NW 27 AVE MIAMI, FL 33125 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITI F ☐ Change ☐ Addition LORENZO, AMERICO NAME NAME STREET ADDRESS 600 NW 23 PL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP VPSD Change TITLE ☐ Delete TITLE ☐ Addition Murillo Edvardo MURILLO, EDUARDO NAME NAME SW 14 S+ STREET ADDRESS 3145 SW 14 ST. STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP CITY-ST-ZIP FL Hiami. TITLE ☐ Delete TITLE SECRETORY | TREASURY Change ☐ Addition OTERO, VILOETA NAME NAME STREET ADDRESS -600 NW 23 PL--STREET ADDRESS MIAMI, FL 33125 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 a sprequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Jul 06, 2004 8:00 am