


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000007741 1. Entity Name NEW GALLERY FURNITURE, INC.	
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Principal Place of Business 3210 WEST 16TH AVE HIALEAH, FL 33012	Mailing Address 3210 WEST 16TH AVE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0669342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAPOLIS, RAMON 526 WEST 28TH STREET HIALEAH, FL 33010	DO NOT WRITE IN THIS SPACE
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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) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAPOLIS, VANLER R 526 WEST 28TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD NAPOLIS, RAMON 526 WEST 28TH STREET HIALEAH, FL 33010
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07/01/05-80006-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ramon Napolis* **6/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RAMON NAPOLIS - V.P. D