

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90005 015 ***150.00

DOCUMENT # P03000017058 1. Entity Name GOLD FURNITURE, INC.			
Principal Place of Business 3655 W. 16 AVE BAY 13 HIALEAH, FL 33012		Mailing Address 3655 W. 16 AVE BAY 13 HIALEAH, FL 33012	
2. Principal Place of Business 3655 W. 16 AVE Suite, Apt. #, etc. BAY 13 City & State HIALEAH, FL Zip 33012 Country USA		3. Mailing Address 3655 W. 16 AVE Suite, Apt. #, etc. BAY 13 City & State HIALEAH, FL Zip 33012 Country USA	
4. FEI Number 55-0818625		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		05192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent OSMAN RAUL ESCOBAR 2364 N.W. 104 STREET MIAMI, FL 33147		7. Name and Address of New Registered Agent Name DONY JOEL ESCOBAR Street Address (P.O. Box Number is Not Acceptable) 3655 W. 16 AVE. BAY 13 City HIALEAH FL Zip Code 33012	
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 <u>Donny Joel Escobar</u> DATE <u>4-30-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P DONY JOEL ESCOBAR 3655 W. 16 AVE BAY 13 HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete OSMAN RAUL ESCOBAR 3655 W. 16 AVE BAY 13 HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Donny Joel Escobar</u>		4-30-04 (305) 822-4435	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

To,

Fla. Dept. of State

Attachment

54070786

Doc. # P03000017058

Annual Report, 2004

Dear Sir,

Enclosed check and completed —
annual report Form as per your instructions
over the phone.

I never receive the renewal Form
and don't have internet.

Finally somebody gave me Form
which I completed and mail to you.

Please update my Corporation
and waive the late fee because I
didn't receive the renewal Form.

Thank You Kindly

Sincerely Yours

Don Toel Escobar

Don Toel Escobar