

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90243 013 ***150.00

DOCUMENT # P03000025079 1. Entity Name ISABELA FURNITURE & DECORATION HOME, CORP.			
Principal Place of Business 12260 SW 8 ST SUITE #132 ATTN: CARLOS ULLOA MIAMI, FL 33184		Mailing Address 12260 SW 8 ST SUITE #132 ATTN: CARLOS ULLOA MIAMI, FL 33184	
2. Principal Place of Business <i>8969 SW 40 ST</i> Suite, Apt. #, etc. <i>Bay 56</i> City & State <i>Miami, FL</i> Zip <i>33165</i>		3. Mailing Address <i>9434 NW 13 ST</i> Suite, Apt. #, etc. <i>Bay 56</i> City & State <i>Miami, FL</i> Zip <i>33172</i>	
4. FEI Number 43-2002208		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ULLOA, CARLOS 12260 SW 8 ST SUITE #132 MIAMI, FL 33184		7. Name and Address of New Registered Agent Name <i>Ulloa, Carlos</i> Street Address (P.O. Box Number is Not Acceptable) <i>8969 SW 40 ST</i> City <i>Miami</i> FL Zip Code <i>33165</i>	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ULLOA, CARLOS 12260 SW 8 ST SUITE #132 MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ULLOA, JUDITH 12260 SW 8 ST SUITE #132 MIAMI, FL 33184	<input type="checkbox"/> Delete	<i>President</i> NAME <i>Ulloa, Carlos</i> STREET ADDRESS <i>8969 SW 40 ST</i> CITY - ST - ZIP <i>Miami, FL 33165</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<i>Vice President</i> NAME <i>Ulloa, Judith</i> STREET ADDRESS <i>8969 SW 40 ST</i> CITY - ST - ZIP <i>Miami, FL 33165</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	