## How the Kingson Thomas And the time to be 2004 FOR PROFIT CORPORATION

March 1971 1992 Control of the Contr

## Apr 02, 2004 8:00 am Secretary of State -----ANNUAL REPORT DOCUMENT # P03000031693 04-02-2004 90038 009 \*\*\*150.00 J J FURNITURE MANUFACTURERS, INC. Principal Place of Business Mailing Address 94041534 118 WEST, 25TH STREET 118 WEST 25TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122004 CR2E034 (10/03) Cha-P City & State 4. FEI Number City & State Applied For 02-06828 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTRO, JORGE C 118 WEST 25TH STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33010 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_9. Election Campaign Financing. .\$5.00 May Be FILE NOW!!!-FEE IS \$150.00---After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE Change Addition CASTRO, JORGE C NAME NAME 118 WEST 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 suppliemental 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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

☐ Delete

☐ Delete

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

\*STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

JURGE C. CASTRO

Change

Change

Addition

Addition

**FILED**