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May 05, 2005 8:00 am
Secretary of State
05-05-2005 90100 006 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000052329

1. Entity Name
PUEBLA MEXICAN FURNITURE INC

Principal Place of Business	Mailing Address
9820 GRIFFIN RD. COOPER CITY, FL 33328	9820 GRIFFIN RD. COOPER CITY, FL 33328

50048945

04232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2669620
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAFAEL J
701 N. STATE RD. 7
HOLLYWOOD, FL 33021

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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: _____ DATE
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CRUZ, MA. BERTHA
STREET ADDRESS	9820 GRIFFIN RD.
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	TVD
NAME	CRUZ, ALEJANDRO
STREET ADDRESS	9820 GRIFFIN RD.
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	VD
NAME	BENITEZ, JESUS A
STREET ADDRESS	9820 GRIFFIN RD.
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/23/05 954-680-8801
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #