

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90125 007 ***150.00

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1. Entity Name
 HOME FURNITURE LIQUIDATORS, INC.



Principal Place of Business Mailing Address

3301 NW 73 ST 3301 NW 73 STREET
 MIAMI, FL 33147 MIAMI, FL 33147

2. Principal Place of Business 3. Mailing Address


901 EAST 10TH AVENUE 901 E. 10TH AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI-DADE MIAMI-DADE FL

Zip Zip Country Country

33010 MIAMI-DADE 33010 FL



02212006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 90-0088754 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARIM, DHAFIR
 3301 NW 73 ST
 MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KARIM, DHAFIR	3301 NW 73 STREET	MIAMI, FL 33147	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  003/08/06 Date Daytime Phone #