

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

04-21-2004 90012 022 ***150.00

DOCUMENT # P03000078190		
1. Entity Name DF Furniture		
Principal Place of Business		Mailing Address

66423604



2. Principal Place of Business SWAP SHOP		3. Mailing Address	
Suite, Apt. #, etc. 3291 West Sunrise Blvd.		Suite, Apt. #, etc. 3771 East 10 Ave.	
City & State Fort Lauderdale, FL		City & State Hialeah, FL	
Zip 33311	Country E.U.A.	Zip 33013	Country E.U.A.

01062004 Chg-P CR2E034 (10/03)

4. FEL Number 13-4258762	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name FELIX M PRUNEDA	
		Street Address (P.O. Box Number is Not Acceptable) 3797 E 10 AVE	
		City HIALEAH	
		FL 33013	

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: **Felix M Pruneda** (NOTE: Registered Agent signature required when reinstating) DATE: **04/10/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Felix Manuel Pruneda 3797 EAST 10 AVE Hialeah FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **Felix M Pruneda** DATE: **04/10/04** (786) 317-8423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR