

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086818

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: FURNITURE REPAIR AND ENHANCEMENT EXPERTS INC.

**Current Principal Place of Business:**

10410 SW 149TH TERR.  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 571033  
MIAMI, FL 33257

**New Mailing Address:**

FEI Number: 11-3700994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLIUS, O. ANDREA  
10410 SW 149TH TERR.  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

POLIUS, ORA A  
10410 SW 149TH TERR.  
MIAMI, FL 33176 US

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.

SIGNATURE: O. ANDREA POLIUS

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: POLIUS, O. ANDREA  
Address: 10410 SW 149TH TERR.  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: LEONCE, MERLINE  
Address: 11408 SW 151ST TERR.  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: SMITH, ROXWELL  
Address: 12990 SW 191ST ST.  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: POLIUS, ANTHONY  
Address: 10410 SW 149TH TERR.  
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition  
Name: POLIUS, ORA A  
Address: 11408 SW 151ST TERR.  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORA A. POLIUS

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date