2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 31, 2004 8:00 am Secretary of State DOCUMENT # P03000090473 1. Entity Name 03-31-2004 90045 017 ***150.00 CHESTER'S SATISFACTORY UPHOLSTERY, INC. Principal Place of Business Mailing Address 5991 NW 15 STREET SUNRISE FL 33313 **5991 NW 15 STREET** SUNRISE FL 33313 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional vie A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORTILDA, HENRY 5991 NW 15 STREET Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33313 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regured when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change Change TITI F ☐ Addition NAME HENRY, DORTILDA NAME 5991 NW 15 STREET STREET ADDRESS STREET ADDRESS , CITY-ST-ZIP SUNRISE FL 33313 CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME HENRY, DORTILDA STREET ADDRESS 5991-NW 15 STREET---STREET ADDRESS SUNRISE FL 33313 CITY-ST-7IP CITY-ST-ZIP VILE-Presiden TITLE ☐ Delete TITLE Change ☐ Addition HENEY, Ches NAME HENRY, CHESTER NAME STREET ADDRESS 5991 NW 15 STREET STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33313 CITY-ST-ZIP ひいいろき TITLE ☐ Delete secretar TITLE Change X Addition HENRY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in 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 in 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 in 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 in 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 in 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 in 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 in 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 in the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the changed, or on an attachment with an address, with all other like empowered.

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