2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-20-2005 90348 001 ***100.00
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FILED
05 MAY 20 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # P03000090473

1. Entity Name
CHESTER'S SATISFACTORY UPHOLSTERY, INC.

Principal Place of Business	Mailing Address
991 S. STATE RD., 7 BAY 24G FORT LAUDERDALE, FL 33317	5991 NW 15 STREET SUNRISE, FL 33313

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3401 W. SUNRISE BLVD	
Suite, Apt. #, etc.: BAYS 567+560	Suite, Apt. #, etc.
City & State: LAUDERHILL FL	City & State
Zip: 33311 Country: USA	Zip Country

4. FEI Number: 86-1093848 ☐ 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
DORTILDA, HENRY 5991 NW 15 STREET SUNRISE, FL 33313	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, 2005 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	PS HENRY, DORTILDA 5991 NW 15 STREET SUNRISE, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HENRY, CHESTER 5991 NW 15 STREET SUNRISE, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HENRY, DORTILDA 5991 NW 15TH ST. SUNRISE, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: D Henry 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #