

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90219 026 ***150.00

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



Principal Place of Business
3901 W SUNRISE BLVD
BAYS 567 & 560
FORT LAUDERDALE, FL 33311

Mailing Address
5991 NW 15 STREET
SUNRISE, FL 33313

20037575



04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

2676 NW 31 AVE
Suite, Apt. #, etc.
LAUDERDALE LAKE

3. Mailing Address

2676 NW 31 AVE
Suite, Apt. #, etc.

City & State

FL

City & State

LAUDERDALE LAKE, FL

Zip

33311

Country

USA

Zip

33311

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

DORTILDA, HENRY
5991 NW 15 STREET
SUNRISE, FL 33313

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PS
NAME HENRY, DORTILDA
STREET ADDRESS 5991 NW 15 STREET
CITY-ST-ZIP SUNRISE, FL 33313 ☐ Delete

TITLE VPT
NAME HENRY, CHESTER
STREET ADDRESS 5991 NW 15 STREET
CITY-ST-ZIP SUNRISE, FL 33313 ☐ Delete

TITLE S
NAME HENRY, DORTILDA
STREET ADDRESS 5991 NW 15TH ST.
CITY-ST-ZIP SUNRISE, FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #