


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P03000090473	
1. Entity Name CHESTER'S SATISFACTORY UPHOLSTERY, INC.	

Principal Place of Business 2676 NW 31 AVE FORT LAUDERDALE, FL 33311	Mailing Address 2676 NW 31 AVE FORT LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1093848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORTILDA, HENRY
5991 NW 15 STREET
SUNRISE, FL 33313

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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 required when restateing)) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HENRY, DORTILDA
STREET ADDRESS	9521 SUNRISE LAKES BLVD
CITY - ST - ZIP	SUNRISE, FL 33322
TITLE	VPT
NAME	HENRY, CHESTER
STREET ADDRESS	9521 SUNRISE LAKES BLVD
CITY - ST - ZIP	SUNRISE, FL 33322
TITLE	S
NAME	HENRY, DORTILDA
STREET ADDRESS	9521 SUNRISE LAKES BLVE
CITY - ST - ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/08-80071-019-150.00

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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: Dortilda Henry **4-1-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #