## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000098923

Entity Name: NEW LINE FURNITURE, INC

FILED Apr 17, 2009 Secretary of State

Current F	Principal Place of Business:	New Principal Place of Business:
200 LESL	IE DR.	
316 HALLANE	DALE, FL 33009	
Current N	Mailing Address:	New Mailing Address:
200 LESL	IE DR	200 LESLIE DR.
316 HALLAND	DALE, FL 33009	316 HALLANDALE, FL 33009
FEI Number	r: 04-3774161 FEI Number Applie	for ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered	Agent: Name and Address of New Registered Agent:
2300-1 N. HOLLYW	STATE ROAD 7 OOD, FL 33021 US	
HOLLYW	OOD, FL 33021 US e named entity submits this statem e of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
HOLLYW	OOD, FL 33021 US e named entity submits this statem e of Florida.	
HOLLYWO The above in the Stat SIGNATU	OOD, FL 33021 US e named entity submits this statem e of Florida. RE:	istered Agent Date
HOLLYWO The above in the Stat SIGNATU Election Ca	OOD, FL 33021 US  e named entity submits this statemed of Florida.  RE:  Electronic Signature of Rec	istered Agent Date
HOLLYWO The above in the Stat SIGNATU Election Ca	OOD, FL 33021 US e named entity submits this stateme of Florida.  RE: Electronic Signature of Reg	istered Agent Date

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: DMITRIY ESTRIN P 04/17/2009