

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102140

FILED
Sep 30, 2004
Secretary of State

Entity Name: WIMAR FURNITURE MANUFACTURING & SUPPLIES, INC.

Current Principal Place of Business:

10250 SW 56TH ST D-202
MIAMI, FL 33165

New Principal Place of Business:

2792 MICHIGAN AVE STE 422
KISSIMMEE, FL 34744

Current Mailing Address:

10250 SW 56TH ST D-202
MIAMI, FL 33165

New Mailing Address:

2792 MICHIGAN AVE STE 422
KISSIMMEE, FL 34744

FEI Number: 13-4265477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALCARCEL, WILLIAM
10250 SW 56TH ST D-202
MIAMI, FL 33165

Name and Address of New Registered Agent:

VALCARCEL, WILLIAM
2792 MICHIGAN AVE STE 422
KISSIMMEE, FL 34744

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.

SIGNATURE: WILLIAM VALCARCEL

09/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: VALCARCEL, WILLIAM
Address: 10250 SW 56TH ST D-202
City-St-Zip: MIAMI, FL 33165

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: VALCARCEL, WILLIAM
Address: 2792 MICHIGAN AVE STE 422
City-St-Zip: KISSIMMEE, FL 34744

Title: DPS () Change (X) Addition
Name: VALCARCEL, WILLIAM
Address: 2792 MICHIGAN AVE STE 422
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM VALCARCEL

DPS

09/30/2004

Electronic Signature of Signing Officer or Director

Date